

CHEMIST & DRUGGIST

THE NEWSWEEKLY FOR PHARMACY

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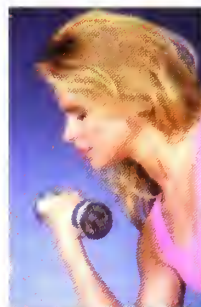
24 January 1998

Dorset HA funds first local contract

Pharmacists sought for Tayside cancer pilot

Welsh White Paper has role for pharmacists

Update: extolling the benefits of exercise



Cannon's formula for the baby market

Unichem adds 125 stores to 'Community' scheme

Leeds pharmacies test 'small purchase' card

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Precautions: If pregnant or breast feeding, consult your doctor before using this product. If you are allergic to any of the ingredients listed, do not use this product. Consult your doctor if symptoms persist or are accompanied by high fever or headache. **Side effects:** May occasionally cause allergic reactions. **Packaging Quantities:** 24 lozenges in a cardboard box. **Legal category [P]. RSP: £2.25 PL 0327/0078. Product Licence Holder & Manufacturer:** Crookes Healthcare Ltd, Nottingham NG2 3AA. **Prepared September 1996.**



**CROOKES
HEALTHCARE**

A forward thinking LPC that is prepared to engage with its health authority can do much to improve the lot of its contractor pharmacists. Some LPCs have been successful in recent years in delivering financial and professional benefits to members. None, however, can yet match the local pharmacy contract launched in Dorset this week (p4). This is a blueprint that other LPCs can put before their HAs to show how pharmaceutical services should evolve. It shows how they can adapt to local needs, and how new services can be integrated alongside the national NHS contract. Dorset LPC, with the help of its HA, has overcome the problem of what to do when the funding for those successful pilot projects runs out. The individual elements of Dorset's local contract contain little that is unfamiliar. What is different, and most welcome, is that the HA has encouraged the LPC to develop the package, and appears prepared to fund it long term. The funding is realistic. A pharmacist's time is priced at £25 an hour, and it is accepted that if the pharmacist is working outside the pharmacy, locum expenses will have to be covered. Contractors cannot automatically sign up. They must first comply with fairly basic criteria to show they are capable of providing a quality service. In this 'New Age' they should be doing this anyway. It should concern the LPC that only 68 out of the HA's 138 contractors are currently accredited. Optional elements also require pharmacists to undertake some further education, such as a CPPE course. Since a contract manager is nominated at each provider pharmacy, those pharmacies which run day-to-day on locums are ruled out. All in all, Dorset's local contract looks like a 'win win' situation. Committed contractors can earn extra income, and the HA will get a superior pharmacy service for patients. GPs can buy pharmacists' expertise at the HA's expense, which must encourage contacts between the two professions. The challenge is for another LPC to go one better.

CHEMIST & DRUGGIST

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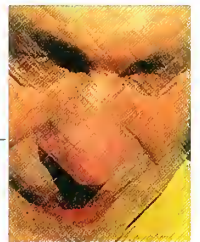
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Dorset contract puts money

A unique pharmacy contract between Dorset Health Authority and local contractors was launched this week.

A 50-page document sets out the specifications and payments for 13 services that pharmacies accredited by the HA can provide.

Some elements of the contract, such as advice to residential and nursing homes, health promotion and patient referral, are compulsory. Pharmacists can choose the other services they provide.

A directory of pharmacies providing extended services will be maintained by the HA. Funding is coming from Dorset HA's primary care development fund.

Contracts will last for 12 months, renewable by mutual agreement. Three months notice must be given if either party wants to terminate the arrangement.

Pharmacists providing any of the services must operate from an accredited pharmacy, and usually will need to have completed the relevant CPPE course.

This week, a spokesman emphasised that the authority sees the contract as "a long-term development for developing quality services in primary care".

Dorset HA has been operating an accreditation scheme for



LPC secretary Roger King

pharmacies for four years. At present, 68 of the 138 contractors in the area have complied with the accreditation criteria.

These criteria include:

- a minimum of 10 hours approved postgraduate education a year
- staff training for dispensing technicians and counter staff
- involvement in health promotion activities
- compliance with basic standards for premises.

While some multiples have been supportive of the scheme from the start, others such as Boots are only now signing up.

Local Pharmaceutical Committee secretary Roger King praises Andrew Cawthron, the HA's direc-

tor of primary care, who has pushed the idea forward: "The LPC was putting forward so many pilot projects, but at the end of the year what happens if there is no provision for funding to continue? The contract solves that problem."

Some elements within the contract require close pharmacist-GP liaison. To inform doctors of the new services available, the HA will sponsor 12 locality meetings.

Mr King says he is aware that in some areas pharmacists and GPs are working well together, but other areas are "no go". For this reason, all elements of services which involve pharmacist-GP liaison are optional.



Dorset HA chief executive Ian Carruthers launched the contract on Wednesday

Services i

● **Prescribing advice.** All pharmacists will be expected to give advice to practices, on request, about issues such as drug interactions and prescribing.

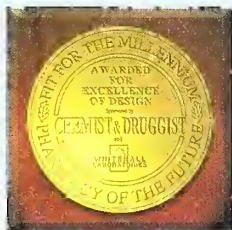
As an optional element, pharmacists can agree with practices to give detailed advice on issues such as generic prescribing, formulary development and PACT analysis.

Once the plan agreed with the practice has received HA approval, pharmacists will receive \$25 per hour for practice visits (up to 16 hours) plus locum expenses where appropriate.

● **Provision of health promotion.** Pharmacies are required to designate an area for displaying health promotional material, and take part in up to four co-ordinated campaigns a year as part of a national and local programme of health promotion.

A payment of \$75 per campaign will be made for the 'standard service'. However, there is scope for contractors to

Fit for the Millennium – last chance to enter



There's only one week to go to get your entries in for the 'Fit for the Millennium' Shop Design Awards. To be in with a chance of winning from the £5,000 prize fund, your entry needs to reach C&D's offices by January 30.

If you are a pharmacy proprietor, a shop designer or a shopfitter, and you have had an internal refit, or put in a new shop front between January 1996 and December 1997, you are eligible to enter.

'Fit for the Millennium' is co-sponsored by Chemist & Druggist and Whitehall Laboratories. Entry forms from Jan Powis (tel: 01732 364422 ext 2487).

Pharmacists sought for Tayside cancer pilot

Ten community pharmacists are being sought to take part in a domiciliary palliative care pilot in Tayside.

National Pharmaceutical Association community pharmacy development co-ordinator Alison Strath has written to pharmacists inviting them to apply to take part. One pharmacist will be selected from each local area in Tayside, who will be trained to become a specialist palliative care community pharmacist.

Once accredited, the pharmacists will assess patients' pharmaceutical needs and draw up care plans. The specialist palliative care pharmacist will then support the patient's own community pharmacist in implementing the care plan. Additionally, they will liaise with other health professionals such as Macmillan nurses, district nurses, carers and GPs, and secondary care practitioners where possible.

Tayside Area Chemist Contractor Committee chairman David Brown and Miss Strath have bid successfully, on behalf of the ACCC, for money from Tayside Health's Primary Care Development Fund for the period 1997/98.

The basis of the project is the process of care management. "It recognises the community pharmacist as an expert on medication, particularly palliative care, who should be involved when patients experience difficulties," says Miss Strath. "It focuses on the needs of individual patients through a process of referral, assessment, care planning, implementation, monitoring and review."

Pharmacists will be selected over the next six weeks, and the project is expected to start in March or April. It will be managed on a day-to-day basis by Don Meekison.

CPP opens doors to corporate members

The College of Pharmacy Practice has launched a corporate membership category for companies and other bodies that want to tap into the CPP's skills base.

Corporate membership will give companies access to the wide pool of expertise within the CPP, information on developments in pharmacy practice and an annual seminar.

Annual membership costs \$1,000. Further details can be obtained from CPP vice chairman Dr Bryan Veitch or chief executive Rosemary Mitchell on 01203 692400.

Companies that have already become corporate members include AAH Retail, Pharmacia & Upjohn, Genus Pharmaceuticals, Tesco Stores, Schering Health Care, Merck Sharp & Dohme, Parke Davis and Faulding/DBL.

● The College of Pharmacy Practice is seeking nominations for three governors and one associate representative. Nominations must be received by February 9. Voting papers will be sent out at the end of February and must be returned by April 1. The results will be announced on April 30.

Behind new services

the contract

develop and be paid for individual initiatives, such as smoking cessation, lectures to schools, or pharmacy-based sessions for individuals or groups of patients.

● **A patient referral scheme** targets patients who have poor compliance, suffer adverse reactions or who have needs which cannot be met by OTC medicines.

Pharmacists are required to fill in a referral form for patients to take to their doctor. The HA monitors the number of referrals made, on a monthly basis.

Contractors are paid a set up fee of £50 per practice and an annual fee of £100 per practice (maximum of three).

● **Supervision of medicine administration.** As with other services, pharmacists are expected to have completed the relevant CPPE distance learning course. Payment comprises a fee of £1.50 for each supervised dose.

● **Needle exchange.** The HA will reimburse pharmacies £2 per pack issued. Pharmacies must display the nationally iden-

tified window sticker and complete a monthly statistical return.

● **Domiciliary visits.** This service targets housebound patients, taking five or more medicines, or who are considered by their GP to be at risk from non-concordance with prescribed medication.

GP practices or pharmacies will need to obtain HA approval for an agreed number of visits to be funded, and patients will be asked to nominate a pharmacy from a list of those providing domiciliary services.

Pharmacists will receive a payment of £50 for the initial visit and £25 for a follow-up call. Locum expenses will be paid.

● **Medication review.** The aim of this service is to ensure patients gain maximum benefit from their medication, and to encourage closer links between pharmacists and GPs.

GP practices will need to get HA approval to set up a medication review clinic. Initially, approval will be given for a maximum of ten sessions.

Letters will be sent to specific groups of patients, eg those over 65 on multiple drug treatments, inviting them to make an

appointment with the pharmacist to have their medication reviewed at the surgery.

Following each review, pharmacists will have to develop a care plan on which to advise the patient and the GP.

The clinics will be expected to last three and a half hours, and pharmacists will receive £100 per session plus reimbursement of locum expenses

● **Provision of advice to nursing and residential homes** covering the initial visit, repeat visits, usage of monitored dosage systems (not generally considered essential), documentation and standards.

For nursing homes the LPC has negotiated an initial assessment fee of \$65.75 and a tiered annual fee for repeat visits: \$361.61 for homes with up to 20 places, \$541.29 for 21-40 places, and \$810.23 for over 40 places.

A similar fee scale applies to residential homes.

The contract also specifies out of hours services, provision of compliance aids, and a returned medicines scheme.

A pilot for a palliative care service is underway and may be included at a later date.

RPM support in early day motion

The Office of Fair Trading and "a supermarket chain" have been criticised by MPs in an early day motion supporting Resale Price Maintenance.

The motion, tabled on January 11 states: "That this house expresses its concerns at the Office of Fair Trading to commence legal proceedings to end RPM on OTC medicines, at a time when the Government is already seeking to review this agreement in the Competition Bill currently being considered by the House of Lords; deplores the actions taken by a supermarket chain to attempt to break the present agreement and end protection for independent community pharmacies..."

Community Pharmacists Action Group chairman David Sharpe has written to all Labour MPs urging them to sign the EDM, which was tabled by 13 Labour MPs including former GP Dr Howard Stoute and Paul Flynn. Although there is a lot of support within the Government for pharmacy and the continuance of RPM, a CPAG spokesman said that the EDM was necessary to demonstrate to the Treasury and the DTI the range of support across the party.

CPAG representatives met with consumer affairs minister Nigel Griffiths on Wednesday to discuss amending the Competition Bill to obtain special exemption from the abolition of RPM. However, before the meeting, the DTI told C&D that its policy was in favour of scrapping RPM. "Resale price maintenance is anti-competitive. This Government's view is no different from the view of previous governments," said a DTI spokesman.

He also suggested that the President of the Board of Trade, Margaret Beckett, has rejected the letter sent to her by Frank Dobson, the Health Secretary, raising the concerns of CPAG over the threat to pharmacies across the country from cut-price medicines.

Speaking for CPAG after the meeting, John D'Arcy said that Mr Griffiths was in "listening mode" but added that no firm conclusion had been reached. "We are still optimistic," he said. "The DTI is aware of the increased pressure to retain RPM with letters from pharmacists, and there are now 42 signatures on the EDM."

The report stage of the Competition Bill goes before the Lords on February 9. "We hope to hear before then," said Mr D'Arcy.

● Shadow Trade and Industry secretary John Redwood warned that an exemption could be challenged by the European commission as anti-competitive.

Back to basics for Bradford pharmacists

Bradford University's pharmacy practice department is inviting local pharmacists to attend a series of evening lectures alongside undergraduates.

The five lectures, which will be held in the university's Richmond Building on Wednesdays at 7.30pm, start on February 11.

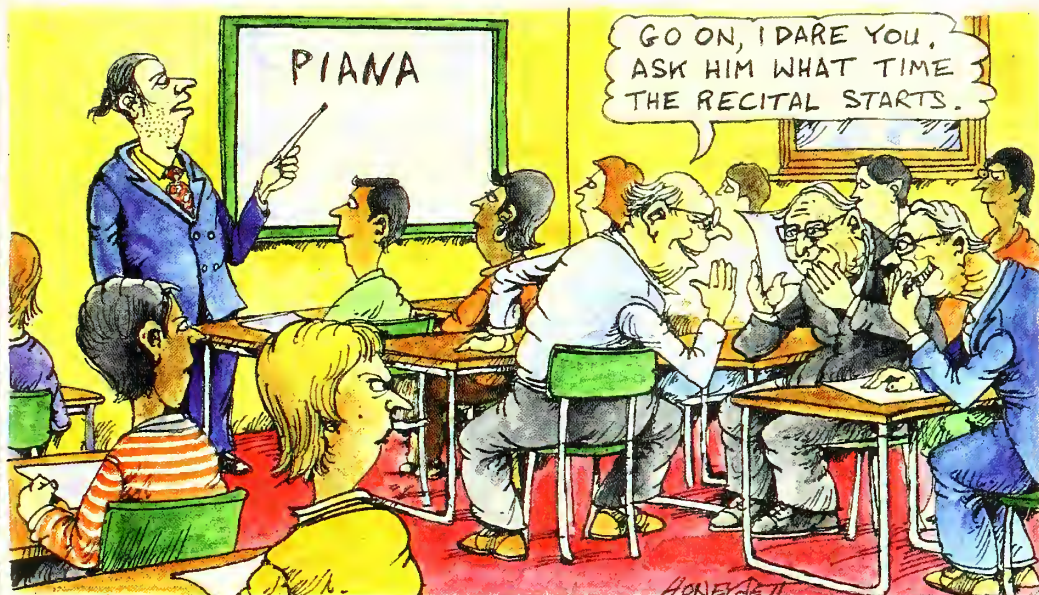
Food and drink will be provided.

"The lecture series has primarily been organised to broaden the horizons of the fourth year pharmacy undergraduates when they return for their final semester," says organiser Simon Tweddell, an A&P teacher practitioner.

"By inviting branch members

along, we hope to improve links between local pharmacists, the university's pharmacy practice department and students."

The series culminates in a PIANA evening where students and pharmacists will make short presentations about their experiences of PIANA initiatives.



New role for pharmacists in Welsh White Paper

Pharmacists will have a place in the NHS in Wales, as members of new local health groups, according to the Welsh health White Paper. These groups will take responsibility for commissioning health services in their areas.

Launching the White Paper, 'Putting Patients First', last Thursday, Welsh health minister Win Griffiths said money saved from the ending of the NHS internal market would be redirected to front line patient services. Health authorities and NHS trusts will remain, but will be supplemented by the local health groups. These will comprise

health professionals – doctors, dentists, pharmacists and optometrists – who will be "members as of right".

"At the outset, LHGs will be established as sub-committees of health authorities, but they will be responsible for commissioning local services and will be able to take decisions about resource use so that they can provide the best fit between need and resources," says the White Paper.

Based on the same boundaries as local authorities, LHGs will have access to their population's share of available resources

which will allow the Group and its members to commission and provide services. "Within this single, cash limited envelope, the Group will have the opportunity to deploy resources and savings to strengthen local services."

In addition, there will be a new statutory requirement on all NHS Wales organisations to co-operate with each other to improve health and to provide effective services.

Other features of the White Paper include:

- setting up a National Institute for Clinical Excellence to offer guidance on best practice in Wales

and England and a new Commission for Health Improvement to monitor quality standards.

- developing National Service Frameworks for major diseases
- renewing the NHS charter for Wales with the introduction of a national survey based on patients' experiences of the service
- drawing up a new corporate plan for NHS Wales in advance of the creation of the National Assembly for Wales.

The White Paper says annual contracts will be replaced by longer term agreements as the key mechanisms for driving up performance.

Hunt continues trek around Fleet Street

Pharmacist Liz Hunt is joining the *Daily Mail* on Monday as assistant features editor.

Liz, who started her career as a journalist with *Chemist & Druggist* in 1985, describes the *Mail* as "incredibly successful" and says she has always wanted "to do time there".

The *Mail* is the third Fleet Street title she has worked on. After leaving *C&D*, she worked for a spell on *Bella*, and then moved to the *Independent* as a health correspondent.

Liz moved to the *Sunday Telegraph* at the end of 1996 where she looked after *Rx* magazine from its launch until it ceased publication at the end of last year.

Drug alert 1

Glaxo Wellcome is recalling Imigran Tablets 100mg, batch number W0947LR, expiry August 2000, as it believes that foil strips of six tablets labelled as 1000mg may have been packed in plastic 'key fobs' printed 'Imigran 50'. The class 2 alert was issued by the Medicines Control Agency on Tuesday. GW can be contacted on 0800 221441

Drug alert 2

Parke Davis is recalling Diclomax Retard Capsules 100mg, batch number 5E732, expiry July 1999, as a precautionary measure. The class 2 alert was issued by the Medicines Control Agency on January 8 after it was informed that blister strips of Diclomax SR 75mg had been found in packs of the 100mg Retard Capsules. Parke Davis can be contacted on 01495 750049.

Gemini Park pharmacy in High Court hearing

A High Court judge is considering Moss Chemists' appeal, this week, against a decision to allow Boots the Chemists to open a pharmacy at Gemini retail park.

Moss, supported by the National Pharmaceutical Association, is challenging a decision by the Family Health Services Appeal Authority which allowed Boots to open a pharmacy in its store at Warrington's Gemini Retail Park. Moss insists its pharmacy at the nearby Westbrook Shopping Centre "adequately provides" for the local population and it is neither "necessary nor desirable" that Boots be allowed to open.

Boots first applied to the local Family Health Services Authority for permission to open the phar-

macy in August 1995, but was turned down on grounds that the retail park had no residential population to serve. However, the FHSAA allowed Boots' appeal in November 1996, and it is that decision that Moss is challenging.

Boots' counsel, Judith Beale, argued the purpose of NHS regulations was not to restrict competition, but to ensure that there was no "duplication of provision" of pharmaceutical services in any given area.

As there was no existing pharmacy at the retail park, it must be necessary and desirable for one to open, she said. "The regulations are not intended to stop there being any pharmacy at all where there is a reasonable

requirement for one," she told Mr Justice Turner.

But Moss's counsel, Rabinder Singh, said the key issue was whether there was a need for another pharmacy to serve the local population in an area which, he claimed, was already well catered for.

It might be convenient for people to pick up their NHS prescriptions at the same time as doing their other shopping at the retail park, but that was not the point of the regulations. "The target is to achieve adequacy of provision," he said.

After a two-day hearing, Mr Justice Turner reserved his decision in the case, saying he would give his ruling as soon as possible.

Number of registered pharmacies down in 1997

The total number of pharmacies registered in the UK on December 31, 1997, was 12,312, down 13 from last year's total of 12,325.

The majority of deletions came in the first half of the year, with

January down 63 and February and March seeing a further 39 deletions.

Since August, the number of pharmacies commencing trading has increased each month, with a net opening of five in December.

This resulted from 26 pharmacies commencing trading and 21 deleted.

December also saw the Registrar of Premises transfer of Lloyds Retail Chemists to AAH Retail Pharmacy.

New agency leaves VMS alone as BMA considers new classification

Dietary supplements controlled by the Medicines Act will remain in the hands of health departments, and not come under the remit of the new Food Standards Agency.

This decision came last week, as the British Medical Association supported proposals for a category distinct from food or medicine for vitamins, minerals and supplements.

The BMA is concerned about the difficulties of classifying vitamins, which may be viewed as medicines or foods depending on the final product.

In last week's government

White Paper, 'The Food Standards Agency: A force for change', plans were set out for the formation of an independent public body to protect the public's health in relation to food.

The FSA, which will report to health ministers, will take over responsibility from the agriculture and health departments for advising ministers on legislation and policy in areas of food safety, including aspects of nutrition such as dietary supplements sold as food, food labelling and health claims.

Health departments will share responsibility with the FSA for

defining health education messages on nutritional issues, taking into account both food and wider health issues. Health departments will also retain power over wider public health issues, including conditions such as cancer, osteoporosis and obesity, where nutritional status is one of a number of risk factors.

Part of the agency's estimated \$100 million expenditure is expected to be recovered through charges to the food industry. Its annual research and surveillance budgets are estimated to be \$25m and \$6m respectively.

GP PERSPECTIVE

White Paper set to dominate GP politics

GP politics in 1998 will be dominated by the White Paper which sprang to life in the dying days of 1997. In recent years, GPs have faced numerous contractual changes, and it was only a matter of time before the new Labour administration had its say.

It was no surprise to hear that fundholding will cease after April 1999. In its place primary care groups, made up of 50 GPs and nurses will cover communities of about 100,000, and hold health-care budgets. It will be interesting to see how this works.

GPs are not used to working in groups with colleagues. Cynics could argue that some have difficulty working together in practices, never mind with others.

With GPs handling local budgets, they could be in the firing line when decisions are made on coping with underfunding. Nor are the proposals uniform: Scotland, Wales and Northern Ireland will get their own versions.

Not all the changes will affect purchasing. Other ideas do seem useful and practical. A National Institute of Clinical Excellence (revelling in the name of NICE) will promote guidelines that encompass good practice and cost-effectiveness.

GPs could be in the firing line when decisions are being made

Another attractive proposal is to embrace modern technology. Using the Health Service's internal network, GPs will be able to book outpatient appointments on line by the year 2002. Test results could be relayed this way and disseminating information could be quicker.

The White Paper is not outwardly controversial, but there are many GPs who feel that this is yet another change of direction. The consolation is that it is not radical. GP political leaders are not hostile to all of the proposals, but there has been criticism at the lack of new funding. Politicians claim that streamlining the bureaucracy will bring savings.

Even so, the new machinery brought in will consume money. The question is how much, and will it affect anticipated savings? *By Dr Harry Brown, a GP practising in Seacroft, Leeds.*



Rota services – what do patients want?

In a recent public survey conducted by MORI on behalf of the Patients Association, a common complaint was the difficulty of finding a late opening pharmacy (*Chemist & Druggist* January 17, p14).

This is a continuing criticism of the pharmaceutical service, yet paradoxically, a number of health authorities are considering reducing official rotas owing to the number of supermarket pharmacies within their jurisdiction offering long hours.

Ever since I have been in practice, rotas have been a contentious issue because they have always been seen by some maverick pharmacists as fair game for 'competitive activity'.

However, by definition, a rotating extra period of service can never be as satisfactory a solution as a single identifiable pharmacy offering extended hours. Inevitably, the public quickly becomes familiar with the 'unofficial' late opener, and the rota fails owing to lack of use.

It must be recognised that the established rota systems

Topical Reflections

only rarely seem to address the actual requirements of patients. I have always assumed that they are designed to match the later opening of local GP surgeries, and to provide short cover on Sundays and public holidays.

During these times, a full pharmaceutical service is available, but otherwise, any extra service, if it exists at all, is restricted to an emergency call out system for urgent prescriptions.

This for the most part relies upon an *ad hoc* local arrangement of volunteer pharmacists. The service is not directly accessible by the general public and does nothing to satisfy the demand for a full pharmaceutical service.

A lot of health authority money is spent paying for under-utilised rota services. Behind the present rash of changes must be the desire to use those resources more beneficially.

The challenge for HAs and LPCs is to devise a system which better uses this rota money, which is no longer ring fenced, to both satisfy the patient's desire for an identifiable, guaranteed out-of-hours full pharmaceutical service, while also properly remunerating the pharmacist for its provision.

HAs hold the evidence

Direction of prescriptions is one of those unethical arrangements that will always be vehemently denied, that everyone knows occurs, but which is impossible to prove.

However, it can be a serious problem which affects the livelihood of pharmacists, the

freedom of choice of the patient, and provides temptation for manipulation of the system to mutual advantage, if not deliberate fraud.

There is a surgery in my area that I have always suspected of 'direction', but since no patient will complain and 'mentioning' the problem has never produced any results, I am resigned to the consequences.

Intriguingly, the practice recently employed a locum for two weeks and, surprise, surprise, my script numbers increased. Circumstantial evidence maybe, but as far as I am concerned, proof positive!

Claiming – at last – for the plastic

It has always annoyed me that the multiples will willingly allow plastic payment for prescription charges, and this commercial pressure means that I have to offer patients a similar facility.

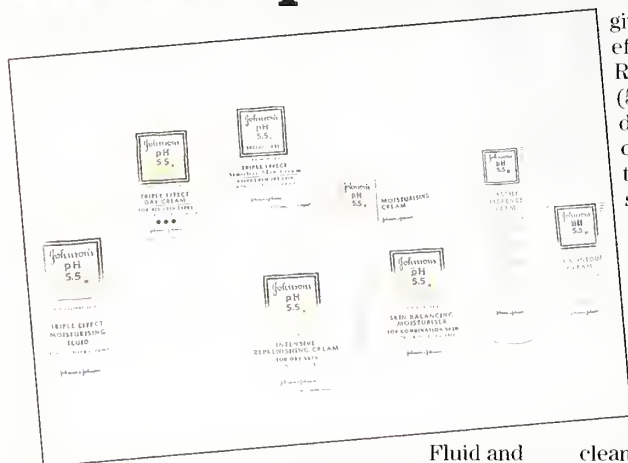
However, the number of plastic transactions is increasing and although a 20p processing charge may not sound a lot, it is over 20 per cent of the fee I earn from the NHS for dispensing the item.

My previous moans on this issue have gone unanswered, so I have now decided to claim for the 20p fee as a necessary cost for dispensing the prescription.

The multiples may consider that plastic encourages business, but I no longer see why I should have to pay to collect a government tax that I already collect for no fee!

COUNTERpoints

Johnson's pH5.5 extends range



give skin a matt effect. Intensive Replenishing Cream (50ml, \$5.99) is for dry skin and contains bisabolol to calm sensitive skin.

Eye Contour Cream (100g, \$3.99) helps soften fine lines. Moisturising effects are claimed to last up to seven hours.

Johnson's pH5.5 soap-free

Johnson's pH5.5 has expanded its facial care range to include seven new moisturisers.

Healthy Difference Cream (30ml, \$6.99) contains retinol to boost natural skin renewal and improve skin tone and texture. Triple Effect Day Cream, Moisturising

Fluid and Sensitive Skin Cream (\$5.99 each for 50ml) all contain UVA and UVB filters and vitamin E to protect the skin and help fight skin damage.

Skin Balancing Moisturiser (50ml, \$5.99) contains vitamin E and elubiol for combination skin. The elubiol controls oily shine to

cleansers (two lotions, two facial washes and a toner) and Moisturising Cream have been relaunched at the same time to consolidate the new Facial Care range.

Advertising, sampling, and in-store activities are planned but details are yet to be confirmed.

Johnson & Johnson Ltd.
Tel: 01628 822222.

Guerlain boosts cosmetic range with lip colour

Lipshine sheer lip colour is Guerlain's latest addition to its cosmetic range.

Lipshine (£14.50) comes in eight shades and gives a high gloss long-lasting finish to lips. The lipsticks contain vitamin E, UV filters (SPF8) and moisturiser-releasing microcapsules to help condition lips.

The shades are Citron Bleu, Guimauve, Berlingot, Grenadine, Cerise, Mure, Toffee and Sucre d'orge. The launch date is April 27.

● Guerlain is also introducing Terracotta Refreshing Tinted Gel SPF8 (£19.50) to complement the existing bronzing powder. And it is adding its signature

blend, Guerlinade, to Champs-Élysées to create a new eau de parfum (30ml, \$32.50; 75ml, \$59.00). The eau de toilette, parfum and body care range are unaffected. The EDT will be available from March 16 and the gel from March 30.

Guerlain Ltd.
Tel: 0181 998 1646.

Mavala helps eyelashes to 'grow' in the dark

Mavala UK is launching a new night treatment for eyelashes.

Double-Lash has been developed to strengthen and protect the eyelashes, as well as to stimulate their growth.

Brushed on like mascara, the product is designed to take effect overnight.

It is formulated to feed the lashes with essential nutrients and proteins.

The company claims

the product makes lashes grow longer and thicker in three to four weeks.

Retail price is \$7.30 (10ml).

Mavala UK Ltd.
Tel: 01732 459412.

Chain reaction campaign makes new product claims

Warner-Lambert Consumer Healthcare is supporting its Zovirax Cold Sore Cream with a \$3 million marketing campaign.

A new TV commercial, currently on air, features a line of cascading dominoes to demonstrate

the 'chain reaction' of the cold sore virus, from trigger through to lesion development.

The advertising includes new product claims for the brand – supported by new clinical research. These include 'nothing can heal cold

sores faster' and 'if used early, Zovirax can limit the size of a cold sore'.

New Point of sale material has been introduced to support the campaign.

Warner-Lambert Consumer Healthcare.
Tel: 01703 641400.

Max Factor range resists smudging

Procter & Gamble will be launching a new range of Max Factor mascaras on March 18.

Max Factor Touchproof Mascaras include Lash Enhancer for a natural look, Stretch for a classic look and 2000 Calorie for a dramatic look.

Formulated to resist smudging, the products are fragrance free, hypoallergenic and suitable for contact lens wearers. The brushes

help lengthen, thicken and separate lashes.

Retailing at \$6.49, all three products will be available in black, black/brown and brown.

A simple eyelash visual will be available for Point of sale display to make it easier for the consumer to choose the most suitable mascara.

Procter & Gamble (Health, Beauty & Cosmetics) Ltd.
Tel: 01932 896000.

Life's a beach for Cover Girl

Procter & Gamble will be introducing a new spring/summer collection for Cover Girl cosmetics in mid-April.

The limited edition 'Life's a Beach' collection features pale yellow, sandy stone and pink terracotta seashell shades.

It comprises matching

Continuous Colour Self-Renewing Lipstick (rsp £4.49) and Naillicks nail colours (rsp £3.49) in three new shades – Sunshine, Sandstone and Seashell.

The collection will be available until mid-September.

Procter & Gamble (HB&C) Ltd.
Tel: 01932 896000.

Delph offers higher sun protection

Fenton Pharmaceuticals is relaunching its Delph Advanced Formula Suncare preparations.

New in the range is a high protection Children's Sun Lotion SPF 30 and a Sun Oil SPF 2.

Delph Tanning & Moisturising Sun Lotion now comes in eight sun protection factors including new additions SPF 25 and 30.

The lotions are water-resistant and enriched with vitamin E, UVA/UVB filters and moisturisers

to help protect against skin ageing and peeling.

The medium to high factors contain infrared filters to help stop skin overheating which can intensify UVB effects.

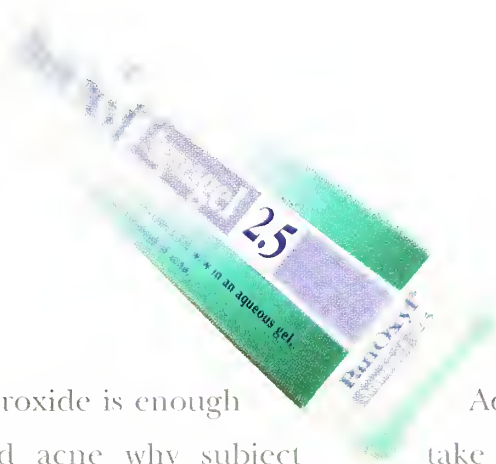
The lotions are also available in four combination Duo Packs, providing split level protection in one bottle.

Retail prices range from \$2.99 to \$9.99. A free bottle of After Sun is being given away with every purchase.

Fenton Pharmaceuticals.
Tel: 0171 224 1388.



Spots can't take it, but young skin can.



If 2.5% benzoyl peroxide is enough to deal with mild acne why subject sensitive young skin to twice or four times that amount? The message is getting through. GPs and dermatologists more and more are prescribing the PanOxyl

Aquagel 2.5 formulation. You can take appropriate action by making PanOxyl Aquagel 2.5 the first benzoyl peroxide you think of.¹

PanOxyl[®] Aquagel 2.5
benzoyl peroxide
Appropriate action against mild acne

In a clinical test, the incidence of irritation was less with PanOxyl Aquagel 2.5% than with the two leading 5 and 10% formulations (Data on File, Stiefel Laboratories Limited, 1996)

Product Information. Presentation: PanOxyl Aquagel 2.5 is an aqueous gel containing benzoyl peroxide 2.5% w/w. **Uses:** For the treatment of mild to moderate acne. **Dosage and Administration:** The gel should always be applied to the affected areas once daily. Washing with soap and water prior to application enhances the efficacy of the preparation. **Contraindications:** Patients with a known sensitivity to benzoyl peroxide should not use the product. **Caution:** Avoid contact with the mouth, eyes and other mucous membranes. **Side Effects:** If excessive irritation, redness or peeling occurs, stop using the product and consult a doctor. **Legal Category:** P. **Retail Price:** 40g £3.10. **Product Licence Number:** PL 0174/0019. **Product Licence Holder:** Stiefel Laboratories (UK) Ltd, Holtspring Lane, Wooburn Green, High Wycombe, Bucks, HP10 0AU. **Date of Information:** October 1996.

STIEFEL

Teat encourages natural nourishment

Paul Murray is introducing a new orthodontic teat in the Junior Macare range.

The natural-shaped, silicone teat is designed to encourage correct mouth, teeth and jaw development, as well as natural sucking reflexes. It is completely odourless and has no taste.

The upwards facing feeding hole aids digestion by directing the milk towards the roof of the baby's

mouth, allowing saliva to mix with the milk before

swallowing.

An anti-colic valve on the base of the teat allows a continuous flow of milk and so reduces the build-up of wind that leads to colic.

The anti-colic system will work with most standard bottles providing the circular mark on the teat is facing upwards for correct feeding.

Retail price is \$1.49 per pack.



Paul Murray plc.
Tel: 01703 268444.

Avent gets mums back to work

Cannon Avent will be introducing a new breast pump set on February 1.

The Avent Isis 'Back to Work' set is aimed at mothers who are returning to work, but want to continue to breastfeed.

It is designed to be discreet and quiet without the accompaniment of a buzzing battery pump.

Once expressed, sealing discs are placed onto the 4oz bottles for storage and the milk is kept cold with cool packs for the journey home.

The set includes four 4oz milk storage bottles, two cool packs and four washable breast pads.

It comes with an insulated navy shoulder bag which will fit inside a briefcase.

Retail price is £45.00.
Cannon Rubber Ltd.
Tel: 01787 267000.



ON TV NEXT WEEK

Advil & Advil Cold + Sinus: All areas

Beechams Throat Plus: All areas except U, CTV, C4, GMTV

Benylin: All areas

Benylin 4-Flu: All areas

Buttercup cough syrup: STV, G, C, A, HTV, W, M, LWT, CAR

Covonia: GMTV

Day & Night Nurse: All areas except CTV, C4, GMTV

Diffucan One: C4, Sat, C5

Equilon: All areas except B, CTV, LWT, C4, GMTV

Feldene P Gel: All areas

Just for Men hair colour: All areas

Karvol: All areas except U, LWT, C4, GMTV

Meltus: STV, B, G, C, Y, CAR, GMTV, Sat

Movelat Relief: All areas except GTV, U, CTV, W, CAR, TSW

New Clearasil Complete: All areas

Nicorette Inhalator: All areas

Nizoral: GTV, STV, B, G, C, CAR, C4, C5

Oilatum: C, M

Rennie Deffatine: C, A, M, LWT, CAR, C4

Seven Seas extra high strength cod liver oil: C4

Slim Fast: All areas

Soothelip: C, LWT, M

Strepsils: All areas

Tixylx: All areas except C4

Vicks Sinex: All areas except U & C4

Vicks Vaporub: All areas except U

Vicks New Vaposyrup: GTV, STV

Wella Experience: Sat

Wella Shock Waves: Sat

A Anglia, **B** Border, **C** Central, **C4** Channel 4, **C5** Channel 5, **CAR** Carlton, **CTV** Channel Islands, **G** Granada, **GMTV** Breakfast Television, **GTV** Grampian, **HTV** Wales & West, **LWT** London Weekend, **M** Meridian, **Sat** Satellite, **STV** Scotland (central), **TT** Tyne Tees, **U** Ulster, **W** Westcountry, **Y** Yorkshire

Product Information: Nurofen Plus:

Each tablet contains ibuprofen B.P. 200 mg

and codeine phosphate B.P. 12.8 mg.

Indications: Effective in the relief of

migraine, tension headache, cramping

period pain, dental pain, neuralgia,

sciatica, lumbago and rheumatic pain.

Dosage and Administration: Adults and

children over 12 years: Initial dose 2 tablets

taken with water, then if necessary

1 or 2 tablets every 4-6 hours.

Do not exceed 6 tablets in any 24 hours.

Precautions and Warnings: As with some

other pain relievers, Nurofen Plus should

not be taken by patients with stomach

ulcer or other stomach disorder or

hypersensitivity to ibuprofen or codeine.

Patients receiving regular medication,

asthmatics, anyone allergic to aspirin, and

pregnant women should be advised to

consult their doctor before taking Nurofen

Plus. In normal use, side effects are very

rare, but may occasionally include dyspepsia

gastrointestinal intolerance and bleeding

constipation, nausea and skin rashes.

Not recommended for children under 12

If symptoms persist for more than 7 days

patients should consult their doctor.

Product Licence Number: 0327/0082.

Licence Holder: Crookes Healthcare Limited

Nottingham, NG2 3AA.

Legal Category: P

Price: Nurofen Plus 12's £1.99, 24's £3.99

48's £6.79, 96's £8.59.



CROOKES HEALTHCARE



**POWERFUL PAIN HAS MANY FORMS.
POWERFUL RELIEF HAS ONE.**

When your customers need powerful pain relief, there's no better recommendation than Nurofen Plus. It is the potent combination of ibuprofen and codeine in Nurofen Plus which ensures that it is an ideal treatment for migraine, tension headache, cramping period pain,

dental pain, neuralgia, sciatica, lumbago and rheumatic pain. When extra relief is called for, recommend nothing less than Nurofen Plus. With dual action pain relief and proven tolerability, it's clear why Nurofen Plus is the fastest growing analgesic in pharmacy.

**NUROFEN
PLUS** 24 Tablets



ADVANCED DUAL ACTION FOR POWERFUL PAIN RELIEF

ibuprofen codeine

RECOMMEND NOTHING LESS

New look for Movelat Relief



distinguish between the cream and gel formulations. The packs can be stacked vertically or horizontally.

A new 80g tube (rsp \$6.99) has been introduced exclusively for pharmacy. The pack replaces the 100g size; the 40g tube (rsp \$4.40) is still available.

The brand is being supported by a \$1.5 million campaign: TV advertising and an education package for pharmacists and staff. **Sankyo Pharma UK Ltd. Tel: 01494 766866.**

Sankyo Pharma is introducing a new look for its Movelat Relief topical NSAID for the

relief of arthritic conditions.

The packaging is designed to make it easier for customers to

Healthlife's Rutin relaunch boosts blood circulation

Healthlife is relaunching its High Potency Natural Source Rutin Powder capsules.

New packaging has been introduced for the one-a-day capsules which have a dosage strength of 120mg (rsp

\$5.19 for 90 capsules).

Rutin is a bioflavonoid compound which is believed to help maintain the health of small blood vessels and assist in overall blood circulation.

Special discounts on this product are

currently available for retailers.

The company plans to update its entire herbal products range to make it more appealing to consumers.

Healthlife Ltd. Tel: 01274 595021.

Propain tackles migraine head on

Sankyo Pharma is supporting its Propain OTC analgesic with a \$1.5 million TV campaign.

On air in February, the commercial will focus on the brand's suitability as a treatment for migraine.

The product contains a powerful combination of paracetamol (400mg) and codeine phosphate (10mg). It also contains

the anti-histamine diphenhydramine which has anti-emetic properties and can help to relieve the nausea and sickness that is often associated with migraine.

An educational package for pharmacists and staff includes a free booklet entitled 'Migraine Matters'. **Sankyo Pharma UK Ltd. Tel: 01494 766866.**



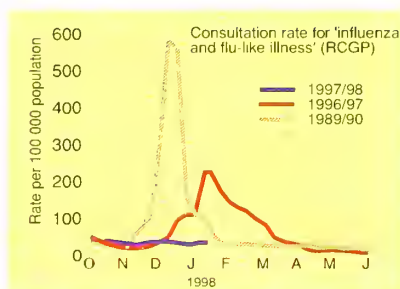
Tooth fairy is a winner

Warner-Lambert's Listerine Antiseptic Mouthwash has been awarded the 'Best use of media for advertising' for 1997 by the British Dental Health Foundation for its

'Tooth Fairy' TV advertisements. The commercial will continue to be screened on national and regional channels throughout 1998. **Warner-Lambert Consumer Healthcare. Tel: 01703 641400.**

Flu Monitor

Information updated weekly by the Public Health Laboratory Service, London



Flu levels creeping up

Influenza has been confirmed in 13 European countries since October. The number of detected cases has increased slightly in recent weeks, but so far this has not had a great impact on clinical indicators of flu activity. In the US, 15 states reported widespread flu activity in the first week of January. Morbidity from

pneumonia and flu has risen above the epidemic threshold in 122 US cities. By January 19, a total of 18 cases of 'bird flu' had been confirmed in Hong Kong. No new cases have been reported since December 28.

UK flu activity remains below baseline

In the RCGP scheme operating in England, consultations for flu and flu-like illness were 47 per 100,000 for the week ending January 12, slightly up from the previous week. In Wales rates were virtually unchanged, while in Scotland consultations were running at 99 per 100,000, within the range of normal seasonal activity. Reports of RSV infection fell to 736 in week three, compared to 863 the previous week. CDSC received 17 reports of flu infection compared to 11 the previous week.

Data from the PHLS (Communicable Disease Surveillance Centre, Virus Reference Division, CDSC Welsh Unit), the RCGP and Scottish Centre for Infection and Environmental Health

Brought to you in association with



Unbeatable relief
only from
a pharmacy



Farley's and Marmite make first savoury rusk

HJ Heinz is joining forces with the traditional Marmite brand to launch the first savoury rusk in its Farley's range.

Farley's Savoury Marmite Rusks are designed to provide mums with a savoury alternative to the existing variants in the range.

The company says it has

chosen Marmite because it is known for "its wholesome goodness and distinctive taste, as well as providing an excellent source of nutrition".

The product costs £1.09 (150g) and has added vitamins for babies. **HJ Heinz Co. Ltd. Tel: 0181 848 2256.**

Griptight's soothers can be seen in the dark

Lewis Woolf Griptight has launched two new soothers – Niteglow and Orthodontic.

Niteglow soothers feature pearlescent shields and glowing plugs so they can easily be seen in the dark.

The Orthodontic soothers have a specially shaped pearlescent shield and a latex orthodontic teat designed to resemble a mother's nipple during breastfeeding to provide extra comfort for babies.

Both products retail at \$0.99 and carry the BSI Kitemark assurance of safety and strength.

● The company has also repackaged its

medium and fast-flow latex and silicone teats. The latex teats now come in a value pack of four. The silicone teats are packed in twos. Both packs retail at \$0.99.

Lewis Woolf Griptight Ltd. Tel: 01386 553386.



Here's how serious we are about selling our meters in your pharmacy!



Until the 30th June 1998 we will reimburse you £20 for every ONE TOUCH® meter sold. This means your customer pays only £9 for the BASIC™ or £29 for the Profile™. We expect you will sell quite a few!

Our national sales teams are visiting diabetes clinics in both hospitals and general practice, demonstrating the meters, explaining the offer and where it is available....that can mean your pharmacy!

For a POS pack and further details on how you can participate in this exciting promotion phone now.

LifeScan Customer Care
Freephone
0800 121200

LIFESCAN
a Johnson & Johnson company

Dying for a breath of fresh air

Air pollution may be a factor in as many as 24,000 deaths and 24,000 hospital admissions in the UK, according to a new report by the Committee on the Medical Effects of Air Pollutants.

The 'Quantification of the effects of air pollution on health in the UK' report underestimates the impact of air pollution on health because the report's authors only quantified short-term effects – long-term effects were not examined.

"The people most likely to be affected by air pollution are those who are already vulnerable – the frail, and those who are very ill," says the chief medical officer Sir Kenneth Calman.

To combat the problem, the Government is to make local authorities assess air quality in their area and take action to improve it if required.

Minister for the environment Michael Meacher says: "Regulations have now been made to

start the process of local air quality management and we are close to agreeing significantly tighter standards for vehicle emissions and for fuel quality in Europe."

● The government provides public information on air pollution which provides daily forecasts on the levels of sulphur dioxide, nitrogen dioxide, ozone, carbon monoxide and particles. For more information, call free on 0800 556677.

The elderly need help with their diets

Over two thirds of elderly people in towns and cities have nutritional deficiencies in their diets, according to new research from Nottingham University.

The project pinpoints three elderly groups whose diets are a particular cause for concern: elderly men living alone, over-85s and the economically vulnerable.

Elderly men on their own fail to understand the importance of fruit and vegetables in their diet and often lack the confidence to cook nutritious meals.

Over-85s' vitamin intake may be insufficient due to the smaller amounts of food this group eats, and poorer pensioners are disadvantaged by supermarket discounts favouring bulk purchases.

Improved nutritional education, easy-to-open food packaging, clearer food labelling and better transport would help the elderly make better dietary choices, the researchers suggest.

"Food choices have a major impact on the health and well-being of the elderly population," says Dr Jeanette Lilley, a lecturer in gerontology from the University of Nottingham Medical School.

Duvets could increase the risk of cot death

Duvets and quilts can increase the risk of cot death because infants may pull covers over their faces and suffocate.

A Tasmanian case-control study in the *British Medical Journal* looked at the association between quilt use and sleep position in sudden infant death. It found that quilt use increased the risk of SID when infants were on their backs or sides, rather than on their front.

This was because infants under three months old tended to

pull covers over their faces, which is made easier when they are lying on their back or their sides rather than on their front. It is also easier to do this with duvets and quilts rather than blankets as they are thrown loosely over the child and are not tucked securely into place.

The researchers conclude that avoiding quilts in babies under the age of one is particularly significant for those sleeping on their backs – the officially recommended position – or sides.

Toxins in CLO dredged up by Food Commission

The Food Commission is once again warning consumers about toxins in cod liver oil despite basing its evidence on a government report published in May last year.

The independent watchdog body reports in *The Food Magazine* that the Ministry of Agriculture, Fisheries and Food industrial has identified environmental toxins in cod liver oil which

could pose a danger to toddlers and school children. However, it fails to mention the report's conclusion that fish oils were 'very unlikely to pose a risk to health'.

The research also found the levels of contamination consistently falling. Although pollutants were also identified in food and breast milk, their effects to health were negligible over a lifetime.

Aciclovir dispersible

Ranbaxy (UK) has launched dispersible aciclovir in three strengths: 200mg (25 tablets, basic NHS price £6.00), 400mg (56, £22.00) and 800mg (35, £21.00).

Ranbaxy (UK) Ltd. Tel: 0171 495 5511.

Generic ranitidine

Generic ranitidine 150mg (60 tablets, basic NHS price £27.89) and 300mg (30, £27.43) are now available from Dominion Pharma.

Dominion Pharma Ltd. Tel: 01428 661078.

Arthritis campaign launched

Action Against Arthritis is a new health campaign which promotes self-medication and encourages sufferers to seek help from their pharmacist. Free arthritis education packs are being offered to the public through specific magazines and newspapers, while a limited number of booklets are being made available to pharmacies. The campaign, which is fronted by television aerobics instructor Mr Motivator, is sponsored by Sankyo Pharma UK and supported by the Primary Care Rheumatism Society. Booklets can be ordered from **Packer Forbes 0171 978 6278.**

Childhood asthma booklet

Allen & Hanburys has produced a booklet for healthcare professionals on the management of childhood asthma. The information is based on the recently revised British Guidelines on Asthma Management. Free copies can be obtained from Allen & Hanburys on Freephone 0800 221441.

Allen & Hanburys Ltd. Tel 0181 990 9888.

Disease modifying drugs used early in rheumatoid arthritis

Disease modifying drugs are being used early in rheumatoid arthritis despite the lack of evidence about their long-term benefits, according to the *Drug and Therapeutics Bulletin*.

Most rheumatologists are now starting to use disease modifying antirheumatic drugs (DMARDs) soon after diagnosis in the hope of arresting or slowing down deterioration. However, evidence of long-term reduction in

disability is lacking and long-term studies are needed to establish benefits.

Current evidence suggests that sulphasalazine or methotrexate used alone are good first choices. Combination therapy has advantages in some patients, particularly where there is a partial response to monotherapy. However, more clinical trials are also needed to establish which combinations are most effective

and which patients will benefit from DMARDs.

Systemic corticosteroids, used as adjuncts to slow-acting DMARDs, bring about a more rapid improvement in symptoms. However, they are only recommended if extra suppression of inflammation is essential in the early stages of the disease.

Management of the toxicity of both groups of drugs remains a major challenge and further clin-

ical trials are needed to establish benefits, risks and long term effects.

DMARDs not only suppress the symptoms of inflammation and improve function – some have been shown to slow disease progression. Inflammation, if left untreated, can lead to early impairment and damage (within two years of diagnosis) and contributes to long term disability.

Senokot, the UK's No.1 trusted senna¹ (and only available from the No.1 trusted place)



Senokot[®] Reassuringly predictable relief

Natural senna



Senokot Essential Information

Active Ingredients: Each tablet contains standardised senna extract equivalent to 7.5mg total sennosides. Each 5ml spoonful of Syrup contains standardised senna extract equivalent to 7.5mg total sennosides. Each 5ml (2.73g) spoonful of chocolate Granules contains standardised senna equivalent to 15mg total sennosides.
Indications: Relief of constipation. **Dosage Instructions:** Adults 1 tablet 3 times a day. Children over 12 - 2 Tablets in 24 hours, or 2 x 5ml spoonfuls of Syrup, or a level 5ml spoonful of Granules, taken at night; children 6-12 - 1 x 5ml spoonful of Syrup. Tablets and Granules to be taken only on a doctor's advice. Children under 6 - Syrup to be

taken only on a doctor's advice. Tablets and Granules not recommended. **Contra-indications:** In common with other laxatives Senokot should not be given when undiagnosed acute or persistent abdominal pain is present. **Precautions and warnings:** If there is no bowel movement after three days consult a doctor. If laxatives are needed every day or abdominal pain persists consult a doctor. Senokot is colon specific. Senokot Syrup and Granules contain sugar. Senokot Tablets are sugar free. **Side Effects:** Temporary mild griping may occur during change in dosage. **Retail Sale Price:** Tablets: 20 Tablets - £1.49, 60 Tablets - £3.49, 100 Tablets - £4.35 Syrup: 100ml - £3.05. Granules: 100g - £4.05.

Marketing Authorisations: Senokot Tablets 0063/S000R, Senokot Syrup 0063/S003R, Senokot Granules 0063/S002R. **Supply Classification:** Through registered pharmacies only. **Holder of Marketing Authorisations:** Reckitt & Colman Products Limited, Dansom Lane, Hull HU8 7DS. **Date of Preparation:** 11 December 1997. Senokot and the sword and circle symbol are trademarks.

References: 1. IMS Data BPI Oct 1997

North London pharmacist struck off

London pharmacist Adrian Korsner has been struck off the Register this week, after a Statutory Committee hearing which took five days between January and September last year.

Mr Korsner, superintendent pharmacist of Brand Russell Chemist, Finchley, faced allegations of misconduct, following a Royal Pharmaceutical Society investigation that started in September, 1994.

The Society had alleged that he had an arrangement with two doctors – one private, one NHS – whereby patients of the private doctor were being supplied with prescriptions from the NHS doctor, who had often never seen the patient. This irregular arrangement saved the patient the private prescription charge (*C&D* January 25, 1997, p23).

Mr Korsner would supply the private patient with medicines without charging them. Then, having suggested the patient reg-

ister with the NHS doctor, he would get that doctor to supply a prescription. However, it was also alleged that Mr Korsner would add extra items to be included on the NHS script, not required or received by the patient, but for which he claimed payment.

Mr Korsner was arrested in November 1994 on suspicion of defrauding the NHS. However, the police brought no charges.

Statutory Committee chairman Gary Flather QC described Mr Korsner as "of good character, with first class references. He has worked on many committees in the interests of pharmacy".

The arrangement "unquestionably benefited the doctors concerned", said Mr Flather. One saw patients privately who would not have to pay for any medication, while the other received payment for the patients on his NHS list without seeing them.

"Although Mr Korsner stressed the convenience of the arrange-

ment to patients, he reluctantly accepted that with hindsight they were irregular and unethical," said Mr Flather.

Mr Korsner was in breach of the Code of Ethics – a pharmacist should not offer or give inducements to patients to encourage them to bring him prescriptions.

Since the NHS GP was not seeing patients and exercising his professional judgement about whether medication was required, Mr Korsner "was in reality ... playing the role of doctor. A pharmacist has no business to do that, nor to dispense to a patient on a private prescription as if it were an NHS one," said Mr Flather.

Turning to the Society's allegation that several scripts issued by the NHS GP upon the say so of Mr Korsner included items which had not been supplied to patients, Mr Flather said the Statutory Committee looked at four patients, in each case applying the criminal burden of proof.

The wrongful inclusions were invariably expensive items, he said. In the four cases examined they amounted to \$980.

Mr Korsner argued that the items were supplied to the patients in every case, and he claimed that the patient needed the medication at that time.

However, in each case the Committee found itself unable to accept Mr Korsner's defence in the light of witness statements.

"This Committee has always set its face against a pharmacist found to be adding items to prescriptions, which are then submitted to the Pricing Authority for payment.

"We condemn the arrangements which Mr Korsner put in place which allowed him to get a doctor to prescribe on the NHS simply on his say so on what he had supplied. In a misconduct case like this there can only be one result," said Mr Flather, ordering that he should be struck off.

PSNC adds final touches to 1998-99 remuneration claim

The Pharmaceutical Services Negotiating Committee is finalising the details of its 1998-99 remuneration claim.

PSNC has written to the NHS about the government's spending review, explaining why the \$709.3 million spent on pharmaceutical services in England and Wales should be increased. The negotiators argue that a greater investment will provide massive cost benefits for the service.

No election delay At the January PSNC meeting, Peter Holman, the South East Thames representative, presented a paper arguing for delaying the PSNC elections. However, he failed to attract majority support, so the timetable

remains unchanged. PSNC's strategy subcommittee will investigate further the impact on the PSNC constitution of changes in the NHS pharmaceutical service.

White Paper plans In February a special meeting of PSNC's strategy committee will consider the new health White Paper and make recommendations. PSNC will write to the NHS before meeting with the Department.

LPC conference LPC representatives can discuss the White Paper in the conference's last session on March 2 at the QEII Conference Centre, Westminster.

PSNC dinner About 170 parliamentarians will attend the PSNC dinner on March 2.

Pharmed panel Gordon Geddes, PSNC's head of information and technical services, is to represent PSNC on the Pharmed advisory panel. PSNC stresses that its presence on this group does not mean it endorses this or any other system for implementing electronic communication between pharmacies and other members of the healthcare community.

Prescription fraud PSNC has no further details about how pharmacy contractors and dispensing doctors will be expected to police prescription exemptions. A group of NHS and PSNC representatives will deal with the main issues in the Fraud Report. **VAT Order** The VAT (Drugs,

Medicines and Aids for the Handicapped) Order 1997 has been suspended for community pharmacies, while HM Customs and Excise tries to resolve the problems it would cause. Another meeting is planned for March.

PSNC and Clothier levies The total PSNC levy on LPCs will remain the same in 1998-99 as last year. But some LPCs will have to pay slightly more and others less, depending on the size of their NHS turnover compared to the national average. The 1998-99 Clothier levy on each LPC will be the same as in 1997-98.

● PSNC has sent LPC secretaries a summary of resolution outcomes at LPC Conferences since 1994.

Town centre doctors set to dispense

A GP surgery in the centre of Chichester could soon be able to dispense for patients who live more than a mile from any pharmacy.

West Sussex Health Authority's pharmaceutical committee agreed in November to allow the plan to go ahead. However, the Health Authority has still to confirm the committee's decision and notify interested parties.

Local Pharmaceutical Committee secretary Peter Dobson is becoming increasingly concerned in the delay of formal notification of the decision, news of which appeared in the local newspaper, the *Chichester Observer*, at the end of Novem-

ber. The LPC will appeal against the decision to grant a dispensing licence to the surgery, but he says the delay in notification means that the whole process is being set back.

The LPC argues that the decision will jeopardise at least one town centre pharmacy's chance of survival. Last summer, the LPC lost its appeal against the Health Authority's designation of areas in and around Chichester as controlled for the purpose of dispensing (*Chemist & Druggist*, August 9, 1997, p26).

Pharmaceutical adviser Sue Mills said that although Chichester is officially a city, it was a classic market town situation.

No smoking packs sent to pharmacists

The Pharmacy Healthcare Scheme sent No Smoking packs to over 12,000 pharmacists in England, Wales and Northern Ireland earlier this month.

Each of the packs contains 40 smoking cessation leaflets for members of the public; a credit card dispenser containing 20 credit cards bearing useful num-

bers for would-be quitters; an information sheet with cessation ideas for pharmacists; and a sheet giving details of a competition.

Entries for the competition to find the pharmacy offering the highest standard of smoking cessation support (*C&D* December 20/27, 1997, p4) must be submitted by February 12.

NPA invitation to pre-registration students

The National Pharmaceutical Association is inviting pre-registration graduates to an open day at its headquarters – Mallinson House – in St Albans on February 5.

Students will be shown the building and visit departments, such as the practice division,

training, information and sales & business services, which they are most likely to use or contact in the future.

Only 25 visitors may attend at once, so graduates should check availability by calling Sue Wiseman on 01727 858687 ext 259.

PHARMACYupdate

Exercise benefits

The health benefits of different types of exercise *I*



Mental health services

The first of a two-part article looking at current strategies for mental health *IV*

Medical update

A new emulsion presents slimmers with a new approach to calorie control *VIII*

Keep fit fever



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PUBLISHED IN C&D FEBRUARY
14, PROVIDES ONE HOUR'S
CONTINUOUS EDUCATION

OBJECTIVES

- To understand the importance of exercise to general health
- To distinguish between the different types of exercise
- To recognise the particular benefits of each type of exercise
- To be aware of possible risks associated with exercise
- To be able to advise customers on exercise regimens

are quite different. 'Health' implies freedom from disease, while 'fitness' is a sustained state of physical and mental well-being, and depends on many factors including agility, balance, co-ordination, motivation, speed, and strength.

Some of the benefits of regular exercise are shown in Box 1.

Benefits of exercise also include reduced absenteeism, reduced frequency of accidents at work (because people are more alert) and an overall reduction in health costs. Government sponsored health and exercise promotions, such as 'Sport for all', and expanding facilities for exercise provided by local authorities are evidence of the importance placed on these advantages to the community.

Types of exercise

Exercise may be defined as 'any movement of the body

Out of all new year resolutions, none is more popular than the promise to do more exercise. **Steven Kayne**, community pharmacist and visiting lecturer at the University of Strathclyde, looks at the health benefits of keeping fit

Neil Armstrong, the US astronaut who was the first man on the moon, is quoted as saying: "I believe every human has a finite number of heart beats. I don't intend to waste any of mine doing exercise!"

Many of us might well have some sympathy with the above statement, because the evidence suggests that only about 50 per cent of the population actively exercise.

Relatively few people who

do begin to exercise regularly continue with their activity for more than three or four months. Surprisingly, it is those people who would benefit most from exercise (such as the obese) who are often the first to drop out.

Collectively, we are overlooking an important fact. Regular physical activity has been shown to have important benefits for health, offering some protection against developing disease.

Although it does not necessarily guarantee an increased life expectancy, it can improve the quality of daily life and delay deterioration in fitness due to age and inactivity.



Health and fitness

There is some confusion between the terms 'health' and 'fitness'. They are often used interchangeably, but in reality

Continued on P11 ►

◀ Continued from PI

produced by skeletal muscles and resulting in energy expenditure'.

It can be divided into aerobic and anaerobic types. It may also be subdivided into weight bearing and non-weight bearing exercise, where the former is a physical activity, such as walking or running, in which the legs support the weight of the body. Examples of the latter include swimming and cycling.

Another classification identifies high impact movements that have an unsupported airborne phase, eg jumping, and low-impact movements where one foot is in contact with the ground at all times, eg walking. It should be noted that a low impact exercise may not necessarily be low intensity. Similarly, a high impact exercise may not be high intensity. Some activities may fall into both categories.



Aerobic exercise

Aerobic exercise is of relatively low

intensity but can be of fairly long duration. It involves the movement of large muscle groups and causes participants to breathe more deeply, adding to the workload of the heart and lungs and raising the heart rate.

Such exercise, if performed regularly, will improve the cardiovascular and respiratory systems. Examples include walking, jogging, dancing and swimming. The capacity to follow these activities reflects an ability to take in and use oxygen and depends on three factors:

- effective external respiration
- effective oxygen transport from the lungs to cells
- effective use of oxygen within the cells.

Aerobic capacity is usually referred to as VO_2 (max), the maximum amount of oxygen that can be consumed and used by the body per unit of time. It is expressed as ml/min/kg of body weight.

The scale for a man in his 20s might range from 38 (very poor) to 60 (excellent), while for a man in his 60s the range would be from 20 to 40. A person's VO_2 (max) may be determined under laboratory conditions using a treadmill and apparatus to collect expired air.

The optimum level of

Box 1: Some benefits of exercise

BENEFIT

Decreases incidence of disease

Improved cardiovascular and respiratory systems

Reduced stress

Improved appearance

Increased flexibility

EXAMPLES OF TYPICAL OUTCOMES

Reduced hypertension
Decreased risk of diabetes
Less discomfort during pregnancy
Reduced incidence of osteoporosis
Less respiratory disease

Decreased risk of heart attack
Relief from cardiac disease
Increased capacity for work
Faster recovery after strenuous activity

Reduced anxiety, tension
Enhanced quality of sleep
Easier to relax
Improved reactivity to stress

Reduced body weight
Enhanced self-esteem
Decrease in amount of food eaten

Decreased incidence of low back pain
Joints, tendons and ligaments more flexible
Relief in arthritis

aerobic exercise needed by individuals varies with age, general health and fitness, and how active one has been in the past. In 1957, Karvonen, a Finnish researcher, found that in order to make appreciable gains in aerobic fitness, the heart rate during exercise must be raised above the resting heart rate by about 60 per cent of the difference between an individual's resting and maximum heart rate. This is called the critical threshold, and above this, exercise is said to have a significant effect. In most subjects, movement should be sufficiently robust to raise the pulse to between 140 and 160 beats per minute in order to exceed the critical threshold.

Cardiac output increases linearly with increases in the intensity of aerobic exercise up to exhaustion. This is the result of increases in heart rate and stroke volume. The latter increases because the heart muscle contracts more forcefully, facilitating a more complete emptying of the ventricles with each heart beat.

Harmful effects are unlikely provided that exercise levels increase slowly over a period of weeks, particularly if people have been following a sedentary life style.

Benefits

Aerobic exercise is beneficial in the management of a number of conditions including the following examples:

● Asthma

A carefully controlled exercise programme has been shown to be beneficial to patients with asthma or bronchitis.

● Cardiac disease

Exercise may be of benefit after myocardial infarction in reducing the oxygen requirements of residual heart muscle for a given workload. This has the effect of allowing patients to cope with day-to-day activities and deal with occasional increased effort.

● Diabetes

In insulin dependent (Type 1) diabetes mellitus, activities help lower the blood glucose level. Specific recommendations vary according to the patient's degree of metabolic control and any associated conditions. Hypoglycaemia is a complication that must be carefully watched.

In non-insulin dependent (Type 2) diabetes, aerobic exercise is also the exercise of choice. It should involve the large muscle groups of the legs and upper body and should be performed frequently.

Because the majority of these patients are obese and are often sedentary, the development of an exercise programme can present a considerable challenge. Concordance may be low.

● Obesity

Exercise associated with dietary control is useful in dealing with obesity.

● Osteoporosis

This is the most common metabolic bone disease. It literally means 'porous

bones'. It may be defined as: 'A reduction in bone mass leading to fracture upon minimal trauma.'

In women there is often a period of rapid bone loss beginning at the menopause and lasting for about ten years. The condition is often the underlying cause of fractures of the vertebral column, wrist and hip suffered by post-menopausal women.

Several studies have demonstrated a retardation of the rate of bone loss in post-menopausal women with aerobic exercise, compared with non-exercising controls. An increase in bone density has also been reported.

In one trial, spinal bone density increased with 45 minutes of light aerobic training twice weekly for eight months in women aged between 50 and 73. Total body calcium has also been shown to increase in a group performing aerobic exercise three times per week over a period of one year.

Exactly how this is achieved is the subject of considerable debate. Some suggestions are that exercise places physical stress on bones that respond by becoming bigger and that blood flow increases, circulating nutrients to the bones. Weight-bearing exercise is also recommended.

In addition to exercise, the most efficient way of

Box 2: Guidelines for an eight week walking programme

Weeks	Age up to 50	Age above 50	Times per week
1-2	12 mins	6 mins	2-3
3-4	15 mins	10 mins	2-3
5-6	17 mins	12 mins	3-4
6-8	20 mins	15 mins	3-4



Moderate exercise and fitness levels offer significant health benefits

protecting bone density is by administering hormone replacement therapy.

2 Anaerobic exercise
Anaerobic exercise is of relatively short duration and tends to be self-limiting due to the rapid build up of waste materials such as lactic acid and carbon dioxide.

The duration of effort is related to fitness and the degree of exertion. It includes sprinting for distances up to about 400m or weight lifting. The latter is especially useful in the treatment of chronic arthritis. The aim here is to make muscles work as hard as they can without causing extra pain. This is achieved by lifting weights of differing amounts according to individual requirements.

There are two different approaches. Isotonic exercise makes the muscles move the joint through the maximum range available, while the aim of isometric exercise is to use weights to tense the muscles without actually moving the joint.

Exercise is contraindicated during the acute inflammatory stages of osteoarthritis and in rheumatoid arthritis when it is

limited by pain. During rehabilitation, physiotherapy and regulated exercise programmes contribute to the restoration and maintenance of full muscle functions so as to give maximal support to the inflamed joints.

Some activities may involve both aerobic and anaerobic phases of exercise.

Risks of exercise
Exercise involves a risk of physical injury, cardiovascular problems, asthma or even death through inappropriate or prolonged activities. It should be used judiciously or suspended during acute illness.

All asthmatics wheeze on exercise, but the administration of sodium cromoglycate 15 minutes prior to exercise is effective in preventing the release of inflammatory mediators. Non-asthmatics may also develop a transient bronchoconstriction if they exercise in cold conditions.

Regular physical exercise which becomes compulsive can be viewed as a form of dependence or addiction that is similar to drug abuse in its intensity. Small injuries become exacerbated by keen

exercisers returning to activity before healing is complete,

Some researchers have found that male runners deprived of participation in their sport for two weeks suffered from withdrawal symptoms, although in a form milder than drug withdrawal. Chronic intense exercise training may also interfere with hormonal mechanisms, causing changes in endocrine regulation. Gonadal dysfunction in women is one example of this.

Exercise to music in groups provides an enjoyable activity for many people, both men and women, and they join aerobic classes. Good aerobics classes feature qualified instructors who are able to devise exercise programmes for separate groups, noting individual abilities. Poor instructors do not attempt to individualise exercises and use the same activities for all, regardless of age or fitness. This is unacceptable at best and positively dangerous at worst.

For those who are unwilling or unable to join an aerobics class, a whole library of exercise videos exists from the ultimate fitness package to concentration on one body part. Unfortunately, the stimulus of constant encouragement from an instructor and support from fellow exercisers is missing. There is also the possibility of injury through attempting too ambitious activities.

In the past, patients suffering from diabetes or

epilepsy were advised against certain forms of exercise. With sensible precautions, it is now acknowledged that these individuals can exercise effectively and become involved in sport.

Pharmacy involvement
Most pharmacists' involvement in

exercise comprises giving advice and providing suitable medication or dressings for soft tissue injuries. Non steroidal anti-inflammatories, pain relieving sprays, ice packs and bandages are required regularly.

Persuading clients to think about taking regular exercise is a more difficult task, despite the fact that lack of exercise and low levels of physical fitness are important risk factors for disease and early death. It should be stressed that athletic levels of fitness and large volumes of exercise are not necessary to produce significant reductions in health risk. Moderate exercise and fitness levels offer significant health benefits.

For many people, a formal exercise programme may be impractical or inappropriate. Simply replacing a Sunday afternoon in front of the telly with a brisk walk or an hour's gardening may provide considerable health benefits.

Pharmacists can encourage their clients to exercise as part of the pharmaceutical care programme. This would be an important contribution to improving the nation's health. C&D is accredited by the College of Pharmacy Practice as a provider of distance learning material until March 2000.

ACTION PLAN

1. In your practice workbook, write an exercise routine for yourself. Consider your age and current state of fitness. Think how it would require modification for someone who is diametrically opposite to you in age and fitness
2. Think about minor injuries that are likely to arise due to exercise. Check your knowledge of the appropriate use of products to alleviate pain caused by exercise. What should you advise about the dangers of masking pain?
3. In your practice workbook, list the conditions which benefit from exercise. How does exercise help these patients? Also, note any advantages for the 'average' person

Figure 3: The features of an aerobic programme (acronym FITT)

- Frequency:** most authorities consider three to five days per week is optimal
- Intensity:** exercise at 50-85 per cent of VO_2 max or 75 per cent of maximum heart rate improves fitness
- Time:** a duration of about 20 mins per session is recommended
- Type:** a continuous activity – jogging, swimming, walking, etc

All in the mind

Mental health has had a high profile in recent years, but health services have not always reflected this. In the first of a two part article **Mary Allen**, community pharmacist on the UK Psychiatric Pharmacy Group, reviews the structures currently in place

People who are severely mentally ill need all the help they can get to encourage them to take their medication. Their wellbeing will depend greatly on compliance with their prescribed medication.

In this client group, compliance rates are known to be poor in general. Patients may lack motivation, they may be confused, or they may lack insight into their illness. They may also be socially isolated, with no



family members or close friends to encourage them to persevere with medication which often causes unpleasant side-effects.

In the hospital setting, compliance is less of a

problem as medicines are administered by nursing staff. Once outside the hospital, the need for compliance is great, but the motivation and encouragement needed to support it is often lacking.

There is a great deal of discussion about the language used to describe the appropriate use of medicines. Currently fashionable is the term 'concordance', which implies partnerships between patients and health professionals. In this patient group, there is little indication that individuals feel they can be partners in their medication management.



Government focus

Despite the stigma generally attached to mental illness, it has achieved a high profile in government strategy over the last decade. It is now ten years since the White Paper 'Caring for People' was published, identifying the mentally ill as a vulnerable client group who could live more independently in the community if well supported.

Health of the Nation

The 'Health of the Nation' strategy document promoted mental health as a key area with targets to reduce suicides, both in the general population and in those known to be severely mentally ill. The document estimates that within the average health authority there would be 1,000-2,000 schizophrenia patients, with many not in contact with the

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(Refer to full Data Sheet before prescribing).

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Date of preparation June 1997. IMD 2096

Findings of SANE survey 1997

lack of encouragement to continue with drug therapy
patients and families suffer the worst problems when prescribed medicines are rejected
too many patients are treated with outdated and unnecessarily unpleasant drugs, even though better ones are available
too little time is spent explaining side effects
10 per cent felt so hopeless they were storing up medicines to commit suicide

relevant mental health services. A further 1,000-2,500 would suffer with affective psychosis.

● Building bridges

A more specific 'Health of the Nation' document, 'Building Bridges', was published in 1995 following public and professional concern over a number of suicides, homicides and other serious incidents. It provided guidance to promote close and effective inter-agency working for the delivery of well co-ordinated care for severely mentally ill people in the community (the Care Programme Approach).

It recognised that effective community care involved a network of separately managed services; and it introduced systematic arrangements for assessing the health and social care needs of people accepted by the specialist psychiatric services. It also promoted individual care plans and the

appointment of a key worker to keep in touch with the patient and monitor care.

As well as this, it supported the involvement of community pharmacists in the after-care of mentally ill people, particularly in providing advice to users and carers to encourage perseverance with medication. It further recommended that local pharmacists should be involved in the development of the mental health strategy.

● Joint government/psychiatrist inquiry

In 1992, the Department of Health and the Royal College of Psychiatrists set up a confidential Inquiry into the circumstances surrounding homicides and suicides committed by mentally ill people. Some key problems were identified, including:

- 1 failure of communication between professionals
- 2 lack of clarity about care plans

- 3 poor compliance with treatment by the sample group
- 4 lack of time for face-to-face contact with patients
- 5 the need for additional staff training
- 6 insufficient use of legal powers to supervise at-risk patients.

Forty one per cent of those who had committed homicide, and who had been treated as outpatients, were found to have had problems with compliance. Of those who had committed suicide, 27 per cent were found to have had lapses in taking their prescribed medication. A major recommendation of the report was that poor compliance needed to be tackled at all levels.

● Patients Charter

In January 1997, 'The Patients Charter: Mental Health Services' gave patients the right to expect to be told about the effects and side-effects of their prescribed medication.

The plethora of White Papers relating to health and social care which preceded last year's election were all supportive of mental health services users and their carers, and promoted the provision of information and support to this client group. A Green Paper in spring 1997 considered new models of

health and social partnerships in mental health. All four proposed models resulted in closer working between health and social care services at local level.

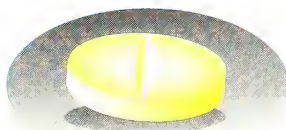
Until recently there has been little from the new government about the care of the mentally ill. However, last weekend the health minister, Frank Dobson, announced plans to reverse the Care in the Community programme. He said that seriously disturbed psychiatric patients must be kept in secure units to protect the public, following an unacceptable number of murders committed by mentally disturbed patients. This could mean the transfer of some people living in unsupervised units back into residential care.

Mr Dobson did not want a return to the asylums, rather that those affected should live in more homely places but with the benefits of 24-hour support from specialist doctors and nurses. Although the Community Care reforms had resulted in a lot of people having a better life away from institutions, the system had failed a large number of patients and members of the public. A Mental Incapacity Bill will probably be published later this year.

Continued on PVI ►

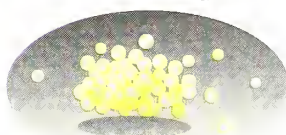
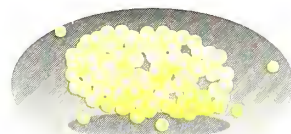
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◀ Continued from PV



Community care

So, how are mental health services organised at present? Where the care programme approach is working well, there is collaborative working between the health and social (and other) service sectors, through community mental health teams which include psychiatric nurses and social workers. Social Services may commission service support provision from the voluntary sector, through various funds such as the Mental Illness Specific Grant (MISG), or from 'money allocated for growth' funds.

● Health and social services

Mental health support services may differ at local level but are fairly easily identified. There will be a community mental health team, and there may be additional related social care home support teams. User and carer support groups may be organised through any of the following:

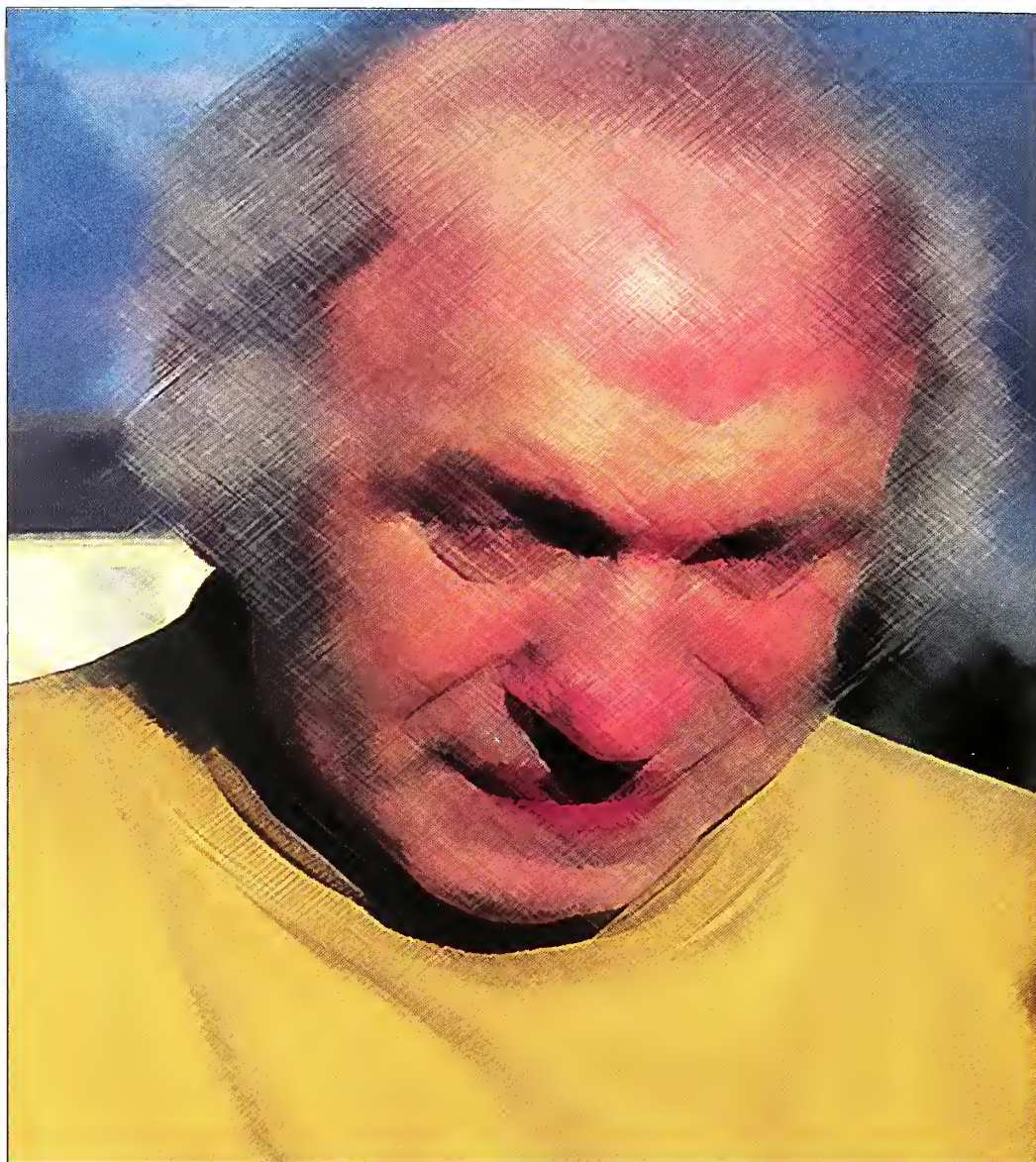
- local branches of national groups such as Mind or the National Schizophrenia Fellowship
- local user and carer groups organised through social services, health services and voluntary self help groups.

Your local social services department will have a directory of local mental health services and support groups. It is likely that your local library or information centre will also have details.

● Voluntary sectors

Voluntary sector services may include drop-in services, which support this client group by reducing social isolation. Some may also offer highly successful befriending schemes which provide one-to-one support for people with severe mental illness through trained volunteers. These may be funded through voluntary donations or fund-raising, but are more usually funded through statutory funds.

As a background to how voluntary sector services work, my own committee experience may provide some insight. I was privileged, until recently, to chair the management committee of a local befriending scheme, which was funded initially through a three year MISG grant. This paid for an employee project co-ordinator, the costs of training the volunteers, and volunteers'



Many clients live in such isolation that they never see anyone apart from an occasional professional

expenses. The management committee was made up of people from professional and other backgrounds working in a voluntary capacity, together with user representation.

The scheme was seen to be so successful through the efforts of the volunteer befrienders and the excellent co-ordinator, that we were able to persuade Social Services to provide extra funds. We were granted two small 'one-off' allocations from local development monies, and submitted a successful bid for ongoing growth money which doubled the existing income.

The difference that one-to-one befriending makes is, at times, incredible – many clients live in such isolation that otherwise they would never see anyone apart from an occasional professional. Clients are referred through the community mental health team. Rather than being dangerous murdering 'nutters' they are, instead, simply rather pathetic people,

bewildered and lacking in confidence, to whom life has dealt a bad deal. The befriending scheme has improved their well-being and confidence to a level where many have started to make decisions about their lives and have even started to venture out on a regular basis.

However, funding is a nightmare, most of it is short-term and it is not a satisfactory way of providing services in the long term. It is little wonder that it is taking time to achieve recognition for funding for pharmaceutical care – at present, service needs are more basic. However, it is very clear that support services recognise the importance of medication in the lives of this client group – it's just down to priorities and whose problem is it.



Pharmaceutical care

Earlier this year, the schizophrenia charity SANE published a

short report of a survey undertaken among its members to find out whether they thought the community care reforms were working.

The report makes depressing reading – telling of lonely, socially-isolated people living for days at a time without normal social contact or the support of the professional healthcare team.

It looks at different aspects of service provision, and in terms of medication-relation issues, it found that the system was certainly falling short. Mental health service users felt there was little encouragement and support to help people comply with medication. And it found that too many patients were being treated with outdated and unpleasant drugs, even though newer, better ones are available. Users also felt that too little time was spent on explaining side-effects and a horrifying 10 per cent felt so hopeless that they were actually storing up their medicines to commit suicide.

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Olibra applies the brake in race to curb appetite

Scotia Pharmaceuticals has developed a new patented emulsion which can be added to food to help control appetite and reduce calorie intake.

Olibra emulsion, made from specific fractions of natural palm oil and oat oil, uses a new ileal brake concept to activate the body's normal appetite control system. The palm oil fraction stimulates sensors in the small intestine to release peptides which, in turn, exert an effect on the

brain and slow gut contractions bringing about a feeling of fullness.

In a small placebo-controlled trial conducted at the University of Ulster, researchers found that people who ate yoghurt containing Olibra reduced their subsequent energy intake by 16 per cent. They also significantly reduced their fat intake and the quantity of food eaten.

Women tended to respond better than men to the

satiating effects of the yoghurt. Satiety lasted three to six hours.

Olibra was launched in Sweden as Maval yoghurt earlier this month. Scotia Pharmaceuticals is now looking to introduce the emulsion in other countries, including the UK.

Olibra can be added to a variety of foods such as milk products, soups, fruit drinks, biscuits, sweets and most calorie-controlled food.

BMA focuses on food for health

The British Medical Association is warning the public and the food industry to treat raw meat as infected and adopt 'universal precautions' in its handling, cooking and processing.

In a report published last week, the BMA called for more public information to be made available about the risks of food poisoning, safe storage and cooking times.

The organisation is backing a recommendation made in the James report to separate the food standards agency from the Ministry of Agriculture, Fisheries and Food.

"An independent food standards agency is needed to protect the public and to ensure that every link in the food chain is as safe as possible. A separation of the interests of food producers and consumers is long overdue," says the BMA council's chairman Dr Sandy Macara.

Childhood asthma left undiagnosed

A substantial proportion of adolescents with debilitating asthma are not being treated for the disease, according to a report in the *British Medical Journal* (316:118-123).

The questionnaire survey of over 27,500 pupils aged 12-14 at 93 mixed secondary schools in the UK found that up to seven pupils (3.4 per cent) per school reported moderate to severe asthmatic symptoms which were undiagnosed and untreated.

Of 1,012 students who said they wheezed frequently at night, 33.8 per cent had had no diagnosis of asthma and 38.6 per cent of 1,023 pupils denied receiving inhaler therapy.

More than a fifth of pupils reported having had a diagnosis of asthma sometime in their lives and almost the same number had been treated with anti-asthma drugs over the past year. Around 4 per cent of students diagnosed as asthmatic experienced moderate or greater disruption to their lives.



Inhaler use was found to be higher in non-metropolitan areas

Dependence risk with Zopiclone

A series of case reports in the *British Medical Journal* has indicated a possible risk of dependence and withdrawal problems with zopiclone.

It was because of these problems, which are usually associated with benzodiazepines, that alternative treatments, like zopiclone, were originally sought. Zopiclone is indicated for short term treatment of insomnia and is claimed to cause no rebound, dependence or withdrawal phenomena.

However, the four cases observed all needed to have their starting doses increased and all experienced withdrawal symptoms in long term use.

The authors conclude that zopiclone is safe and effective in the short term but should be used with caution in long term therapy.

PHARMACYupdate: distance learning for pharmacists

Pharmacists using **Pharmacy Update** for continuing education are reminded of the need to test. With the support of **Genus Pharmaceuticals**, *C&D's* readers can self-test their progress by using the multiple choice question (MCQ) paper to be inserted in the February 14 issue,

which will cover this week's CPP-accredited modules, together with those in the January 10 issue.

In other words:

- Meningitis (1077)
- Dental care (1078)
- Benefits of exercise (1079).

A faxback service for these

modules and associated MCQs operates on 0891 444791 (premium rates apply). A telephone marking service offers independent verification of results – details are given on the monthly MCQ papers.

Users of the telephone marking service are reminded

that they must register scores for 1997 **Update** modules by February 8.

C&D in association with



GENUS PHARMACEUTICALS

'Profiteering' allegations made in ignorance should be ignored

I was extremely disappointed to read the comments in *C&D* (December 20/27, 1997) about private dispensing disparities.

I have no wish to dispute the research carried out by the Institute for the Elderly. In fact, I am not surprised to hear the results. My objections are to the unsavoury comments made by Roy Jones *et al* about "profiteering being unacceptable".

It demeans both Mr Jones and members of his profession by commenting on charges made by sister professions when they are made in ignorance of commercial realities. I would have more respect than to make reference to charges made by my medical colleagues, whether I agreed with them or not.

Large investments are made in pharmacies, and whether medicines are dispensed under the NHS or privately, as a profession we are entitled to earn an income from that investment, whilst at the same time acting in a professional manner to our patients.

Both professions are working extremely hard to adopt a team approach to patient care, and comments such as these really do not help any new initiatives being taken. I hope they are treated with the contempt they deserve.

David Allen
London E18

Combination in the Co-op

Is **Xrayser** stuck in the world of grubby little pharmacies in a sea of charity shops telling the public what they want?

In Norwich, we have several examples of local pharmacies combining very successfully with doctors' surgeries. I took over a Co-op supermarket and opened a pharmacy in a quarter of the building 18 months ago: the other three-quarters is a four doctor surgery. The Health Authority was very helpful, even providing a 'no strings attached' grant when the project went over budget.

I am sure there are many pharmacists who have good relationships with local doctors, who could combine on sites such as redundant petrol stations and office blocks. I have found that doctors are much more willing to deal with individuals than large corporations. The benefit

is that pharmacists love working where all the health professionals are present.

E B Collishaw
Long Stratton, Norfolk

Stuck with unsaleable Triludan – am I alone?

I wonder if I'm the only one to find that I have been left with £500 (retail) of stock that I'm no longer allowed to sell. I am, of course, referring to my counter packs of Triludan, Triludan Forte and Seldane.

These were purchased in good faith early last year before the ban on the OTC of terfenadine was promulgated. I have been in contact with Marion Merrell Dow, and was informed that there is nothing it can do about this stock 'until the MCA has made a decision'.

It is very unfair that we should have to carry this burden that we cannot sell or dispense.

D Poile
Tonbridge, Kent

DDA no longer represents the majority

As founder of the Dispensing Doctor's Association some 13 years ago, it gives me no pleasure to say that it is no

longer either representative of dispensing doctors or an effective body. Your readers may not know, but there has been a coup within the organisation led from within by the chairman of the Rural Practice subcommittee of the General Medical Services Committee and others.

The platform of the new DDA company appears to be closely allied to that of GMSC, in that it believes in a 'trade-off' between the 'loophole' and 'market town dispensing applications' and also in close talks with pharmacists.

Whilst this will give pleasure to pharmacists, it does not seem to please dispensing doctors because, despite two expensive polls of the DDA's previous membership of over 2,000 dispensing doctors, only 300 have chosen to join the new DDA company with these policies. Not a very representative number with which the Association can hope to exert any pressure or influence.

It remains to be seen whether the other 85 per cent of past DDA members will wish to found a new group to represent more accurately their views, or simply wait for the new to wither on the vine.

Dr David Roberts
Welford, Northampton



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Networks get IT together

If you have a number of individual computers in your pharmacy, you may well benefit from linking them with a local area network. **Adrian Morant** explains how

To slip into computer jargon, most community pharmacists already 'multitask'. Taking in the next prescription and dealing with phone queries while, at the same time, making up all seven items on a script for a customer who says: "I know it will only take a moment, so I'll wait..."

When using computers, this multitasking generally refers to one stand-alone machine where a number of tasks are being carried out concurrently. While this may sound very technical and over the top, you should bear in mind that, since the first computer labelling system was introduced, whether you like it or not, community pharmacy has been increasingly dependent on information technology. This reliance will continue to grow.

For example, script data could well be sent directly to the Pricing Bureau from the pharmacy; and patient medication records could be centrally stored and accessed from any pharmacy wherever it happens to be across the country. Drug data and/or other information could be obtained from anywhere around the world (including Lambeth) via the World Wide Web; and finally, payment could be made directly by electronic funds transfer (EFT) to the pharmacy's bank account.

Here, by the way, I have ignored the emotive issue of scripts (or an electronic version of them) being sent from the GP's surgery to the pharmacy of choice.

Simplify the work

These changes are on the horizon although, to be honest, we don't know how far away they are. However, even now, computers can be used more efficiently so pharmacists can simplify the way they work and extend the concept of multitasking.

The real issue is that, whether owner or manager, the pharmacist has to combine professional activities with business. Thus one moment you are dispensing



and the next dealing with suppliers. In this IT-driven age, you need to be able to harness the computer to assist in this work wherever possible.

Network

While it is technically feasible to carry out many of these functions on a stand-alone PC, networked PCs can often provide a more convenient means of working.

A local area network (LAN) enables PCs to share resources even when they are as much as 300ft apart. This could well provide the opportunity to make more effective use of existing space in addition to the other benefits that a LAN can offer.

After all, with the need to increase shop and counter space, the room available for the dispensary is frequently 'squeezed'. Thus, a previously unused cubby-hole – or the consulting room that the Royal Pharmaceutical Society is so eager for community pharmacies to have – could make an effective office as the computer printer does not have to be near that PC, but can

be located elsewhere.

Similarly, a computer could make use of an existing printer attached to a computer elsewhere. Equally well, during a consultation, you could easily access the current malaria information for a customer who is travelling abroad tomorrow.

One of the key enablers that allows LANs to be implemented easily is Microsoft Windows. Installed on a high proportion of PCs (in dispensaries and elsewhere), Windows allows the user to switch virtually instantaneously between tasks. You can move between word processor, accounts program or a database in which phone numbers and other information is stored at the touch of a couple of keys.

There is no fundamental reason why you should not switch between a labelling program and a word processor, for example, even though the former is a not generally a Windows program but one that works under the more basic DOS (disc operating system).

PC LANs have traditionally

been employed by larger organisations and it is only recently that they have come within the ambit of the smaller user.

This is mostly because of the widespread availability of Windows 95 with its 'plug-and-play' features which simplify many of the technical aspects of setting up and using PCs. It brings formerly complex tasks, such as carrying out an upgrade, within the scope of the user.

To take advantage of this facility, an increasing number of networking equipment suppliers are offering low-cost easy-to-use products aimed at large companies with small local offices as well as the small individual sites where there are just a few machines.

For example, Accton has a range of do-it-yourself network components aimed at the SoHo (Small Office/Home Office) market sold under the SoHoBasic badge. Each item is individually boxed (or blister packed) and clearly marked so it is a simple matter to select the items to make up the required network.

Pain Tablets
Deviated Product
Information

Presentation: Yellow
pressed tablets
with a scored bisect
on one side,
containing:
acetamol BP
and; codeine
phosphate BP 10mg;
cinnethidine
hydrochloride BP 5mg;
codeine BP 50mg.

Indications:
Treatment of migraine,
headache, muscular
period pain
and toothache. Also
for symptomatic
flu, influenza,
feverishness and
cough.

Dosage: Adults, the
elderly and children
over 12 years of age:
2 tablets every
4 hours up to a
maximum of 10
tablets in 24 hours.

Contra-indications:
Pain is contra-
indicated in patients
with known hepatic
or renal impairment
during pregnancy
and lactation.

Warnings:
Pain may cause
drowsiness and
dizziness. Individuals
should not drive or
operate machinery.

Precautions: The
use of alcohol and
sedatives may
be potentiated.
Excessive intake of
alcohol-containing
drugs should be
avoided.

Category: P.

Details:
Pain tablets
(42/0015R):

Prices:
10 tablets £1.20
(£2.10),
20 tablets £2.11
(£3.70),
30 tablets £5.99
(£10.50).

Product Licence
Holder: Farillon Ltd,
PO Box 803, Epsom RM3 8UE. Full
product information is
available from:
Sankyo Pharma UK
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PO Box 803,
Epsom HP7 9LP.
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Abbreviated Product Information: Presentation: Ear drops containing Arachis Oil BP 33% v/v, Almond Oil BP 33% v/v, Rectified Camphor Oil 33% v/v. Indications: For the easy removal of earwax. Legal Category: GSL. Product Licence Holder: Phormaloh Limited, Tubiton House, Oldham, OL1 3HS. Earex is a Trade Mark of Seton. Further information is available from the Licence Holder.

Before buying any additional equipment, you should make sure the circuit board (usually called a card) is the right one for each machine to be included on the network. And, even if it is the right card, is there space – a spare expansion slot – available in each machine.

In practice, a network interface card (NIC) is fitted into this spare slot in each PC. Then, each machine is connected by network cables to a central 'hub' which can be up to 100m distant. The extra components and cables needed to provide a basic network of two or three machines will cost not much more than \$100. The only

tool generally required is a screwdriver. However, where users do not feel competent enough to install the equipment themselves, a local computer supplier or installer will be able to carry out the work.

As well as standard NICs, there are special adapters for printers (print servers) and for the PCMCIA slot in notebook computers. A printer can therefore be connected directly onto the network and be equally accessible from all machines, rather than being accessed via one.

Data backup

Having networked the machines, what can you do? Arguably one of the most useful tasks is backing up your data. As data can be transferred exceedingly rapidly across a network, a single backup device, whether it is a hard disk, cartridge system or tape streamer, can be used to back up all machines which saves the cost of having a backup device on each machine.

Once the data has been copied to the machine doing the backups, it can return to its normal tasks without delay. This will be much faster and more convenient than having to interrupt work for 15 minutes or more each day for a data backup.

Equally well, files on one machine, can be accessed from another so that letters or spreadsheets prepared by one person can be viewed on the screen of someone else's machine.

Even though machines are connected to a network, they can all be treated as stand-alone machines. Similarly, a machine can be connected temporarily, which enables files to be transferred to a notebook computer at the end of the day for work at home.

While I don't know whether it

has been done, it is technically feasible that two systems in a busy dispensary could share printers (one for labelling and, where required, one for endorsing) with minimal delay to either pharmacist and certainly a major saving in space. Similarly, should there be a need for a laser or ink-jet printer, that could also be added to the network.

A community pharmacy is also a retail shop.

Pharmacy must come to grips with the growing range of computer applications

Attractive promotional material can be prepared using graphics programs with clip-art. These can be printed on a colour ink-jet printer and used to highlight any special offers. The design work could be carried out on the com-

puter in the dispensary, with the printer being located elsewhere.

In much the same way that there is an increasing level of technology built into a motorcar which makes it easier for the average driver, advances in technology are making computers both more sophisticated and easier to use. Luckily, at the same time, prices are falling so that these benefits are becoming affordable.

The real issue is that community pharmacy must come to grips with the growing range of applications for computers. It is no use just learning how to carry out today's tasks by rote, you must understand how computers can be employed and how they can be networked to make them easier to use.

More and more suppliers have Web pages which can be accessed to obtain the latest product and price information, even if one is reluctant to order over the Web. A few minutes in the office in the evening searching through the Web pages of existing and potential suppliers will be amply repaid and give you access to a broader range of products.

As in many areas, the aim is to obtain a competitive edge today and be abreast of the basics of the technology. This will enable you to master the technology rather than be its slave.

There is nothing to prevent you buying the various items mail order or going to your local computer store – the sums of money involved are not very large. Just like drugs, many networking components are now becoming generic so that one does not necessarily stick to one brand as there is little risk of incompatibility.

After all, what you learn in the short term, will stand you in good stead in the longer term.

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Cannon aims high

Cannon Avent prides itself on producing quality baby products that win awards. Convincing community pharmacies to list them is not so easy, as Guy L'Aimable reports

Edward Atkin, managing director of Cannon Avent Group, has an intriguing office. Instead of bland pictures, the walls are festooned with photographs of classic racing cars, particularly Ferraris.

This partly reflects Mr Atkin's passion for photography – he used to photograph racing cars for *Autosport* magazine – but you sense that the cars epitomise two of his core values: flair for design and performance, which also characterise his business philosophy.

This formula works. Cannon's baby products, under the Avent label, have a reputation for premium quality and prices. Evidence suggests that, as with many quality goods, customers are prepared to pay more if they believe they are getting the best. Cannon's annual baby product sales have been growing 25-30 per cent and are expected to top \$25 million this year.

The Cannon group has another subsidiary, Cannon Rubber, which is Europe's largest car mat producer. Group turnover is about \$43 million and it aims to double that by 2000.

Only the best

While its baby product competitors have vast product ranges, the company prefers to concentrate on relatively few. The Avent range, for example, has only 50 SKUs and Cannon limits its launches to about two or three a year.

"It's terribly simple – we only introduce a product when we think it will be the best of its type in the market," says Mr Atkin.

The company's most recent launch was the Isis breast pump in June. Before Isis, the UK breast pump sector was worth about \$3m. It has now grown to \$5m largely because of Isis' success, according to Mr Atkin. He says the pump has increased

breast pump sales by 50-80 per cent in companies that have sent Cannon their EPOS data. And he believes that, within a couple of years, it will be the only breast pump used in the UK, including in hospitals.

The pump earned independent praise at the recent Mother & Baby Awards, where it won an award for 'Best New Feeding Equipment'.

Despite Isis' success, Cannon has already pencilled in 15 design changes following consumer comments. It spends close to \$1 million a year on research and development – the group has three design departments – and does not employ sales reps. "We prefer to spend more money on R&D to make better products because these products will sell equally well in other countries," says Mr Atkin.

Avent products are exported to 64 countries and its overseas sales grew 50 per cent last year. Its biggest export market is the US, which accounts for 20 per cent of the company's sales.

Pharmacy failings

While Mr Atkin naturally savours the company's success, he is clearly exasperated by one failing – its inability to obtain widespread listings in community pharmacies.

Avent, for example, dominates the bottles, teats and soothers market – excluding own brands – with a 47 per cent share, but only 16 per cent of the range's sales are through pharmacies, according to FSA figures.

Avent accounts for 68 per cent of pharmacies' breast pump sales, yet only 5 per cent of its sales are through pharmacies.

"We're not doing as much business through pharmacies as we ought to be – its pathetic," says Mr Atkin. "The [baby products] market has changed over the past four years, but chemists are still wedded to buying dying brands that are going nowhere."

It's in pharmacists' best inter-

We're not doing as much business through pharmacies as we ought to be – its pathetic!



ests as healthcare providers, he adds, to offer top-of-the-range products. "Baby and mothers is a healthcare problem for many people, so pharmacies should be the first port of call [for mothers]. If we sell a bottle for \$2.99, compared with a rival's \$1.99, you're going to make more money, assuming the margins are the same. No-one's discounting our products - we're not in Superdrug or that sort of place," he says.

What about the pharmacist whose business is in a run-down area, where mothers cannot afford expensive products? "The pharmacist can never sell a product as cheaply as Superdrug. And when it comes to baby products, people want the best for their children.

"It's a guilt thing. Studies show that poorer people spend more on their children, as a percentage of their income, than others. They overcompensate."

Tough environment

He concedes that pharmacists are working in a much tougher retail environment than their colleagues abroad, but says they should capitalise on their image. "The pharmacist has got to become the professional specialist rather than someone who just sells shampoo. Pharmacists should be selling products that allow them to capitalise on that professional stance. If they want

to take our business seriously, there's a tremendous amount of work we could do for them."

If community pharmacies do not seize such opportunities, he adds, they stand little chance of remaining viable over the next six years.

Market needs

Cannon has moved fast to exploit market needs since it was founded by Mr Atkin's father, David, in 1936. Originally, it only made hot water bottles, then it diversified, and at one point, it comprised 12 businesses.

Mr Atkin joined the family-owned business in 1965, although he had clearly been groomed to take over. His father encouraged him to concentrate on technical subjects at school and he studied at the Natural College of Rubber and Technology.

Mr Atkin's early jobs included a stint at a large US rubber and plastic company, whose owners were also friends of the family.

He joined Cannon in 1965 and in 1972, when his father died, he was appointed managing director. That year, the company

opened a factory in Glemsford, Suffolk, to produce its baby products. Two years later it opened marketing offices in Germany and the US to handle its burgeoning export business.

His enthusiasm for design translates into a hands-on approach to the company's products. He developed, for example, Avent's wide-necked feeding bottle with a special teat that reduces colic.

The group's corporate structure, meanwhile, is changing to deal with its expanding markets. In 1995, the venture capitalist 3i gave the group \$5m in return for a 20 per cent stake in Cannon Rubber. It was the first time the company had received outside backing since it was founded.

From its base in Tottenham, Cannon now supervises two plants and 714 employees.

Avent range aside, the group supplies own brands for Boots and Mothercare.

Mr Atkin intends to float the group within three years and says it already has the right infrastructure, such as non-executive directors, for the event. From

family-owned business to a listed company is a big switch. Mr Atkin, however, is unfazed by the prospect of satisfying shareholders hungry for short term profits. "I know if we're very successful, we'll get far less pressure than if we are unsuccessful," he says.

He is equally phlegmatic about how much longer his business will be family-run. "My attitude on that has changed over the years. I don't think it's just to do with [the advantages of] professional management. It's to do with people who have a determination to succeed. History has shown that, in any dynasty, determination shrinks as each generation goes. I'd be very happy if my children worked in the company, but it's got to be something that they really want to do," he says.

Future asset

The group, he adds, has improved its marketing which will be an asset in the post-2000 business environment.

Although Mr Atkin has steered the group astutely over the years, he remains a designer and entrepreneur at heart. His business, he argues, is not just about making money.

"I've got lots of money, more than enough to last me. It's about making new products that make people stand back and clap. That's when I get a buzz. That's what it's all about," he says.

The pharmacist has to become the professional specialist rather than someone who sells shampoo

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Unichem expands 'Community' scheme

Unichem is rolling out its 'Community Pharmacy' initiative to another 125 outlets this week – 380 pharmacies are already involved.

By the end of January, the initiative's membership should reach 500, according to marketing controller Peter Skinner. "This is exactly where we want to be," he says. Target numbers for the end of the year are between 750 and 1,000.

"If the level of compliance starts to fall, we will cut down on the rate of expansion," he adds. There is no sign of this happening yet.

A key part of the scheme, which has superseded 'Gold Partners' and focuses on healthcare and business management, is a regular visit from a mystery shopper to ensure compliance.

Mr Skinner reports that compliance scores have been increasing steadily, which he attributes to a better understanding by pharmacists of the scheme.

On the consumer front, the 'Walk this way' promotional campaign will continue through the year. Unichem feels the campaign has worked well so far, and the large acetate window banners have been taken up well by Unichem pharmacies.

Smaller window-sized posters will soon be available. Last autumn saw the first supplier-sponsored adverts in the campaign, and these will continue through 1998.

"In the majority of cases manufacturers approached us. We have obviously struck a chord, and 'Walk this way' is flexible enough for us to cope with this," says sales and marketing director Martyn Ward.

Own brand remains a major priority, particularly analgesics. Unichem is aiming to have new pack sizes on shelf by the end of April, well in advance of the September deadline set by the Medicines Control Agency.

"There is an opportunity here

for pharmacists, but they are going to have to work fairly hard to get the message across," points out Mr Ward.

Unichem is also launching a drive to encourage its retail customers to use planograms properly, particularly for Pharmacy and GSL medicines. "The information has been available through the Moss Advisory Service for two to three years. Pharmacists all understand the logic of it ... but not all of them put the benefits into practice," he says.

Trials using EPoS to measure sales are to be run between now and March in independent pharmacies where P and GSL medicines are being given greater exposure. The results will then be rolled out to those in the Community Pharmacy scheme, and then on to other customers.

● A new initiative to trial advertising in GP surgeries gets under way for six months in February. This will take place in the Carlton TV area. Large A2 informa-



Sales and marketing director Martyn Ward

tion posters will show all the pharmacies around the surgery and list useful phone numbers.

● Unichem is talking to ethical manufacturers with a view to encouraging them to sponsor educational leaflets about clinical conditions, which pharmacists can pass on to patients.

● Unichem will once again be holding its two annual trade shows, at Thorpe Park on May 31 and Alton Towers on June 21.

Boots buys largest pharmacy chain in Irish Republic

The Boots Co has moved its Irish expansion plans up a gear by acquiring Hayes Conyngham & Robinson, a chain of 15 pharmacies in the Republic of Ireland.

Boots acquired SCM, the Irish chain's holding company, for an undisclosed sum.

The acquisition strengthens BTC's stake in the IR£250 million (£211 million) Irish healthcare market. Boots now has 22 stores in the Republic and has confirmed store openings for a fur-

ther two. It aims to acquire about six more stores in the Republic. The company has 25 stores in Northern Ireland.

"We've always said we wanted 20-30 stores in the Republic. To get them from organic growth, we would have had to buy them piecemeal, which would have been challenging," says Boots.

HCR's stores – located in Dublin and Cork – complement Boots' Irish stores and create little overlap in sales.

HCR is Ireland's largest pharmacy chain. It was founded in 1897 as a family firm and now boasts a combined selling space of 3,000 sq m and a workforce of 300, including more than 30 pharmacists. Fourteen of the stores have pharmacy licences.

In the year to February 28, 1997, the chain reported a turnover of IR£18.8 million.

HCR's small head office team in Dublin will remain while Boots assesses the chain. About

\$4 million will be spent over the next few months converting the stores to the Boots' format.

Most of the stores' products will be delivered by Boots' Northern Ireland supply operation.

Steve Russell, BTC's managing director, says: "Since we opened our first store in Dublin in 1996, customer response has been very enthusiastic. Now our expanded operation will have access to around half of Ireland's population."

Trinity Healthcare is born

A group of former sales managers have set up a company called Trinity Healthcare to offer sales and marketing services.

John Priestley-Cooper, former sales and marketing manager of

Medisport, Sue McDonald, ex-sales and marketing manager of Kendall Healthcare, and Sheila Lyons from Trinity Healthcare, a contract leasing company for executives, set up the company because they believe many products do not get the listings they need in pharmacies.

Trinity says it has 14 sales reps that deal with independent and multiples. The company aims to contact up to 5,000 pharmacies around the country. Its clients include Pretty Polly, Creightons, Pharmavita and Capital Health. Each company is on a one year contract

Sally Anderson, Sheila Lyons, John Priestley-Cooper (back row l-r); Anna Ramsey and Sue McDonald (front row l-r)



SB and AHP in merger talks

Smithkline Beecham and American Home Products are in merger talks which could lead to the formation of the world's largest drug company with just under 6 per cent of global sales.

Rumours that a record \$77bn merger might be under way appeared in the financial press last weekend and were confirmed midweek.

AHP is not a familiar name in the domestic market, but UK subsidiaries include Wyeth, Whitehall Laboratories, Genus Pharmaceuticals and SMA Nutrition, all based near Maidenhead.

Shares in both companies rose strongly at the beginning of the week. Both prospective partners said that no further comment would be made until talks are complete, which will be in weeks rather than days.

Smithkline Beecham warned that there could be no assurances that it will reach an agreement with AHP. Analysts see SB as being the dominant partner if the deal goes through, and chief executive Jan Leschley as a front runner to head the new company.

News of the talks has led to speculation of a new round of drug company mergers. The past three years have seen Glaxo and Wellcome join forces, Ciba and Sandoz become Novartis, and Pharmacia link with Upjohn.

SB and AHP have complementary product portfolios. SB is strong in antibiotics and vaccines, while AHP is well represented in HRT, oral contraceptives and analgesics.

A merged company would have a potential R&D budget of over \$1.5bn.

Pharmacies test 'small change' card

Superdrug and community pharmacies in Leeds are among 2,000 retail outlets testing a credit card designed for small purchases worth \$10 or less.

The card, Visa Cash, is described as an electronic purse that enables consumers to have the right money whatever they buy. Retailers who accept the card do not have to worry about dealing with small change, according to Visa International.

Abbey National, Barclays Bank, Barclaycard, the Co-operative Bank, the Halifax, Lloyds Bank and the Royal Bank of Scot-

land have begun to issue Visa Cash cards. Customers receive either a separate card, or the Visa Cash function is added to an ordinary credit or debit card.

A microchip carrying the Visa Cash function is embedded in the payment card and loaded with an electronic store of value – virtual money – which the cardholder transfers from a bank or credit card at special loading terminals.

Cardholders can 'spend' their electronic money at any retailer with a Visa Cash terminal, or at vending machines and 'pay and display' car parks. Each card car-

ries a maximum cash limit of \$50.

Customers can check how much money they have left on the chip whenever they buy something. They can then top up the amount at one of 60 terminals located in convenient sites, such as shopping malls and car parks.

Retailers involved in the trial, which runs for one year, are not being charged for offering the Visa Cash service. Visa says outlets will probably be levied normal, credit-card type charges if the card is rolled out nationwide.

Visa Cash cuts administrative and operating costs because

retailers do not need to count, store and bank cash at the end of the day. "Visa Cash transactions are more secure than cash payments. There's no risk of theft or shrinkage, while the microchip embedded in each card makes Visa Cash almost impossible for criminals to fake," says Visa.

Customers, in turn, do not have to worry about having the right change, or being given the wrong change in a shop.

The card has already been launched in 17 countries around the world, including the US, Spain, Australia and Hong Kong.

Seton buys Whitehall brands

Seton Healthcare has acquired Whitehall Laboratories' Anbesol, a treatment for mouth ulcers and teething pains; Compound W, which treats common warts and verrucae, and Relaxyl, an anti-spasmodic capsule for irritable bowel syndrome for £3.65 million. Seton will acquire the brands' trade marks in the UK and Ireland, plus stock worth £80,000.

Numark and APS go generic

Numark and APS Berk have joined forces to launch dual branded generic products. Numark's branding is featuring on various generic items, such as atenolol and digoxin. Numark says the deal offers shareholders the benefits of increased branding and substantial savings against Tariff prices already negotiated with APS.

Patient packs offer fair deal

The Association of the British Pharmaceutical Industry (ABPI) has told the government that patient packs, which comprise the manufacturers' original pack with a full information leaflet, will meet Labour's promise of fairness in the National Health Service.

Medisport acquires Vulkan

Medisport International has acquired Vulkan UK for an undisclosed sum. Vulkan, which produces heat retaining supports to help heal injuries, will be integrated into Medisport. Jan Callenius, Medisport's managing director, says the move reflects its strategy to expand in the UK and Europe. "The immediate effect will be to offer our customers a wider range of branded products and services and, as a consequence, capitalise on both the sports and general occupational markets."

IMS Health splits into two subsidiaries

US-based Cognizant is separating into two publicly traded companies: IMS Health and Nielsen Media Research.

IMS Health comprises IMS, which produces worldwide market information for the pharmaceutical and healthcare industries; Erisco, a supplier of software-based solutions to the managed care industry; and Enterprises, a venture capital subsidiary that focuses on emerging healthcare companies.

Nielsen measures audiences electronically for the media.

As an independent company, Cognizant will be in a better position to concentrate on its key growth areas, which include the launch of prescription-based services, says IMS. These services are known as Xtrend in Europe.

IMS' turnover last year is expected to have exceeded \$1 billion. IMS and Nielsen expect to trade on the New York stock exchange.

COMING EVENTS

MONDAY, JANUARY 26

N Ireland CPPET

Newry. 'Managing chronic disease: angina pectoris'.

WEDNESDAY, JANUARY 28

Slough Branch, RPSGB

Joint meeting with practice nurses at the John Lister PGMC, Wexham Park Hospital, Slough, 7.15 for 8pm. 'Gluten-free cooking', by Victoria Blewitt, Nutricia.

N Ireland CPPET

Belfast. 'Microsoft Word'.

THURSDAY, JANUARY 29

Bradford Branch, RPSGB

The Bankfield Hotel, Bingley, 8pm. 'Hospital discharge planning', by Dr Stan Dobrzanski, clinical pharmacist.

N Ireland CPPET

Crumlin. 'Introduction to working with GPS.'

Smith & Nephew in \$111m wound-care deal

Smith & Nephew is investing up to \$111 million in Advanced Tissue Sciences (ATS), its US joint venture partner.

Under the agreement, both partners will seek ways of applying ATS' Dermagraft process to all wounds. It was previously confined to diabetic foot ulcers. Dermagraft, which is available in the UK, is made by seeding fibroblasts (human skin cells) on a scaffold of biodegradable polymer.

The arrangement also includes Dermagraft-TC and developments concerning venous ulcers, pressure sores, burns and other

wounds. The agreement is worldwide, although ATS will continue to market Dermagraft-TC for burns in the US.

S&N will buy ATS shares worth \$20m and pay a further \$15m cash over the next 12 months, followed by \$16m if ATS meets regulatory milestones next year and in 2000. S&N will also pay sales-related milestone payments of up to \$60m, based on sales of ATS' treatment for diabetic foot ulcers.

The potential global market for Dermagraft, as a treatment for diabetic foot ulcers, is said to be worth about \$2.5 billion.

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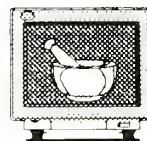
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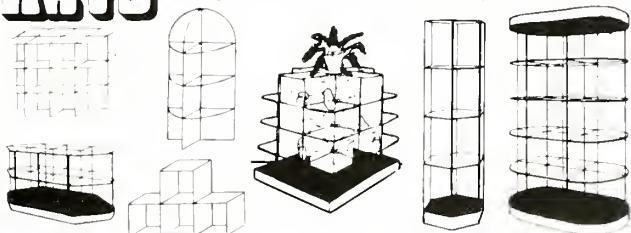
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What's up, Doc?

Barnsley LPC's former chairman, Philip Wheeler, is one of the UK's top breeders of English lop-eared rabbits and he has record breaking ambitions

Philip Wheeler has a millennium dream which has nothing to do with pharmacy – he wants to breed a rabbit with ears that are 30 ins long.

This dream is within his grasp because Mr Wheeler's English lop-eared rabbit – Toby II – holds the *Guinness Book of Records* title for the rabbit with the longest pair of ears in the world (29.25ins long).

Toby II smashed the previous record of 28.5 ins, but he has now been usurped by his offspring, Star, who boasts a 29.375ins spread. This came as a pleasant surprise to Mr Wheeler, who thought Star's ears had stopped growing in October. His father's ears reached full length at an early age.

Breeders can predict the length that a baby rabbit's ears will grow to. When a rabbit is four weeks old, the breeder can tell the length its adult ears will be by adding 12ins onto the length of the baby's ears.

Mr Wheeler rediscovered his childhood hobby by chance 13 years ago while delivering a pre-



One of Mr Wheeler's prize lop-eared rabbits

scription to a patient's home.

On opening the gate, he saw a rabbit with big ears hopping down the path towards him, and he was hooked. The rabbit's owner was Arthur Bluff, one of the UK's top breeders of lop-eared rabbits at the time, who subsequently became Mr Wheeler's mentor.

Since then, his hobby has taken off. "Mr Wheeler is the top breeder of English lop-eared rabbits in the country, without a shadow of a doubt. The quality of his rabbits in the past two years has been quite outstanding. The rest of us are quite a long way behind," says Norman Mudde-man, a committee member of the National English Lop Club.

He walked away with several titles at the Frome centenary show in September last year. It

was the biggest show for lop-eared rabbits in 1997. There were 57 English lop-eareds on display.

Mr Wheeler only breeds lop-eared rabbits. He owns 60, which he keeps in two converted garages with wooden cages lining the walls.

All of the varieties originated from the English lop-eared rabbit, and the bigger the rabbit, the shorter the lifespan. An English lop-eared will live for up to five years, whereas a mini lop-eared rabbit can live up to eight years.

Mr Wheeler breeds rabbits from April to July, although it is possible to breed through the winter using heat lamps. His does have one litter of four to six rabbits each year.

Although he has never made a study of genetics, he attributes his success to selective breeding. Fellow breeders also follow their instincts. "Genetics may be okay for colour, but it is difficult to assess a rabbit genetically for ear length," he explains.

He brings in new blood – 'out-crossing' – every three to four years when he sees certain characteristics appearing in the offspring, such as bent front legs.

Mr Wheeler's rabbits excel in ear width and ear length. Rabbits' ears should be rounded at the ends, not pointed. They should be thick, leathery and sit down on the rabbit's head.

In spite of the size and development of their ears, English lop-eareds have average hearing. "If you go into the shed without shouting or making a noise, they jump when they see you. I have

lost one or two rabbits because I haven't made a sound. They get so excited that they bounce around the cages and break their necks," says Mr Wheeler.

His hobby costs him about \$7,000 a year. The rabbits eat a mixed feed with added vitamins, as well as hay and cabbage, and they are vaccinated every six months against viral haemorrhagic disease.

Mr Wheeler has considered breeding rabbits on a commercial basis. In the US, breeders will pay up to \$1,000 (approximately \$600) for a top specimen.

While 2,000 rabbits are exhibited at a British show, the US has events where 18,000 animals may be displayed.

Mr Wheeler sent two English lop-eared rabbits to the US in October to test the water and to see how they would fare against US competition. They came seventh and eleventh out of 500.

"There were crowds gathered around the rabbits, which had ear lengths of 28ins compared to an average 25ins of their American rivals," he explains.

But in spite of the size advantage, his rabbits did not perform as well as he expected because US rabbits have bigger rear ends than their British counterparts – a fact he was unaware of before the competition.

He now plans to import some big American does with short ears which he will cross with long-eared bucks to produce rabbits with long ears and big ends.

Mr Wheeler has developed an eye for quality which has helped him in his role as a competition judge. He first judged a competition nine years ago, four years after he rediscovered his hobby.

At the end of October, he was a judge at one of the two major annual British rabbit shows: the London championship in Luton. The other big bunny show is the Bradford championship, taking place this month.

"There is a lot of bitchiness among breeders – friendliness on the surface, but behind it all, there is serious rivalry," he says. His greatest UK rivals come from southern England. Rabbits' ears grow more in warmer climates.

He is lucky to have a family that understands his hobby. His wife used to show lop-eared rabbits, as did his daughter when she was younger.

Mr Wheeler is currently between shops after selling two businesses in Thurnscoe, in between Doncaster and Barnsley. He is looking for a suburban pharmacy where he can develop the OTC side of the business. A large backyard would be useful...





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Equilon is marketed by Chefaro, the OTC Healthcare business unit of Akzo Nobel. In serving over 25 countries world-wide, Chefaro are the marketing and distribution experts in self-medication and diagnostics.

EQUILON: PRODUCT INFORMATION

Indication: Film coated tablets each containing 135mg mebeverine hydrochloride. Available in packs of 15. **Indications:** Symptomatic relief of irritable bowel syndrome. **Dosage and Administration:** Adults, and children ten years and over: One tablet three times a day, preferably 20 minutes before meals. Maximum daily dose of 405 mg. **Contra-Indications:** None known. **Interactions:** None known. **Warnings:** pregnancy - there is inadequate evidence of safety of the drug in human pregnancy. If symptoms occur for the first time a doctor should be consulted before using any treatment. Also, a doctor should be consulted if new symptoms develop or symptoms worsen or do not improve within 2 weeks of treatment. Patients with the following should also consult their doctor: >40 years; rectal bleeding; nausea/vomiting; loss of appetite or weight loss; pale and feeling tired (anaemia); severe constipation; fever; recent foreign travel; known or suspected pregnancy; abnormal vaginal bleeding or discharge; painful micturition. **Overdosage:** On theoretical grounds it may be predicted that CNS excitability will occur in cases of overdosage. No specific antidote is known, gastric lavage and symptomatic treatment is recommended. **Retail Price (including VAT) £4.85. PL 4569/0260. Legal Category: P.** Further information is available from the Product Licence Holder: Generics [U.K.] Limited, Potters Bar, Herts, EN6 1TL.

Preparation: December 1997.

Introducing **new unbeatable hold** **Poli-Grip Ultra**



We're building the category on strong foundations

The denture fixative market is one of the fastest growing HBA categories, worth over £15 million,¹ but with only 12%² of the 12 million UK denture wearers using a fixative the potential is sky high.

To realise this potential, Poli-Grip remains committed to building the market through innovations in all areas.

This means that not only does new improved Poli-Grip Ultra have *the* strongest hold of any fixative cream³ but it will be supported throughout 1998 by a £2 million marketing

campaign full of fresh ideas: NEW TV COPY • DISTINCTIVE NEW PACKAGING • NEW P.O.S. IN STORE • COMPREHENSIVE DENTAL DETAILING AND SAMPLING.

Unbeatable promotional support has made Poli-Grip brand leader, with a market share of over 53%, outselling its nearest rival 2:1⁴ – strong foundations indeed!

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